

THE SOCIO-DEMOGRAPHIC PREDICTORS OF CHILD
ABUSE AND RELATIONSHIPS BETWEEN CHILD
ABUSE, ATTACHMENT PATTERNS, AND
PSYCHOPATHOLOGY IN A GROUP OF TURKISH
UNIVERSITY STUDENTS

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The Socio-Demographic Predictors of Child Abuse and Relationships between Child Abuse, Attachment Patterns and Psychopathology in a Group of Turkish University Students

Bir Grup Üniversite Öğrencisinde Çocuk İstismarının Sosyo-Demografik Yordayıcıları ve Çocuk İstismarı, Bağlanma Paternleri ve Psikopatoloji Arasındaki İlişkiler

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Abstract

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Neşe Hatiboğlu

One of the main aims of this present study is to determine the socio-demographic predictors of child abuse. The second aim is to investigate the mediating role of attachment between child abuse and psychopathology.

The sample of the study consists of 1008 individuals who attend different universities in Istanbul. The Turkish versions of Brief Symptom Inventory, Childhood Trauma Questionnaire, and Relationship Scale Questionnaire were applied to the participants. Correlation and regression analysis were conducted in order to investigate the predicting factors of child abuse and mediating role of attachment.

The degree of approval of violence in cultural atmosphere, parents' history of childhood abuse and socioeconomic status were among some of the predictors of child abuse. Also insecure attachment patterns play a mediating role between physical abuse and psychopathology.

Özet

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Bu arařtırmanın temel amaçlarından biri çocukluk çađı istismarını yordayan sosyo- demografik etkenleri belirlemektir. İkinci amaç ise bağlanmanın istismar ve psikopatoloji arasındaki aracı rolünü incelemektir.

Arařtırmanın örneklemi İstanbul ilinde bulunan çeřitli üniversitelerde okuyan 1008 öğrenciden oluşmaktadır. Katılımcılara Kısa Semptom Envanteri'nin, Çocukluk Çađı Örselenme Yařantıları Ölçeđi'nin ve İliřki Ölçekleri Anketi'nin Türkçe formu uygulanmıřtır. Çocukluk çađı istismar yařantılarını yordayan sosyo-demografik etkenleri ve bağlanmanın aracı rolünü incelemek amacıyla korelasyon ve regresyon analizleri uygulanmıřtır.

řiddetin kültürel ortamdaki onaylanma derecesinin, ebeveynlerin çocukluk çađı istismar öykülerinin olmasının ve sosyo-ekonomik düzeyin çocukluk çađı istismarını yordayan etkenlerden bazıları olarak bulunmuřtur. Ayrıca güvensiz bağlanma paternleri fiziksel istismar ile psikopatoloji arasında kısmi aracı deđiřken rolü oynamaktadır.

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1. Introduction

1.1. History of Child Abuse

Although the history of child abuse and neglect is as old as human history, recognition of the importance of this issue by scientists seems to be quite new (Kara, Biçer & Gökalp, 2004). Although there were examples of child abuse in literary products, John Caffey wrote the first medical book in 1946. He was a pediatric radiologist and investigated the comorbidity of subdural bleeding and bone breaking (Lynch, 1999).

Another important theoretician in child abuse literature is Rene Spitz. As a result of his observations and assessments on children who were psychologically traumatized and deprived during the World War II, he developed the concepts of “psychic hospitalism” and “anaclitic depression” (Zoroğlu, Tüzün, Şar, Öztürk, Eröcal Kora, & Alyanak, 2001).

Later in 1962 Kempe conducted a study among more than 300 physically abused children and defined the “battered child syndrome” (Lynch, 1999). This study had an important impact on the recognition of the seriousness of child abuse. Ten years after Kempe, in 1972 Caffey and colleagues defined the “battered baby” syndrome. These syndromes led to the emergence of the definition of child abuse (Zoroğlu, Tüzün, Şar, Öztürk, Eröcal Kora, & Alyanak, 2001). In the 70’s sensitivity about child abuse began to increase especially in developed countries. The governments of

these developed countries began to provide funds for organizations and projects on child abuse (Zorođlu, et al., 2001).

Since 1980's, with the contribution of attachment theory, many studies have been conducted about the various aspects of child abuse and their effects on psychological development of children (Zorođlu, et al., 2001). Another important contribution came from United Nations in 1989. With the Convention on the Rights of the Child (UNCRC) the associated countries guaranteed to protect the rights of children (as cited in Kara, Biçer & Gökarp, 2004).

In spite of the extensive knowledge in developed countries on child abuse which was acquired during the second half of the 20th century, the literature of child abuse seems to be quite limited in underdeveloped countries (Kara, Biçer & Gökarp, 2004). The theoreticians indicate that underdeveloped countries such as Turkey have defined child abuse as a social, medical and legal problem only within the last two decades (Beyaztaş, Oral, Bütün, Beyaztaş & Büyükkayhan, 2009). They also report that clinical research about child abuse has been appeared only since 1990's in Turkey.

Another important development in this issue was the foundation of social organizations such as ÇİKORED and ÇİİÖD in 1991 (Çocuđu İstismardan Koruma ve Rehabilitasyon Derneđi & Çocuk İstismarı ve Önleme Derneđi) (Kara, Biçer & Gökarp, 2004). Although the Turkish government accepted the Convention on the Rights of the Child (UNCRC)

in 1995, the update of the legislation about child protection seems to be delayed (Kara, Biçer & Gökcalp, 2004). On the other hand, psychiatrists, psychologists and legal practitioners try to emphasize the importance of this issue. In addition, professionals from different disciplines have conducted studies in order to define the characteristics and explanatory models about child abuse in our country (Beyaztaş, Oral, Bütün, Beyaztaş & Büyükkayhan, 2009).

1.1.1. Definitions of Abuse

There are two major difficulties in making an adequate definition of child abuse. The first difficulty takes its root from the multidisciplinary nature of child abuse (Wolfe, 2000). The organizations and different professionals emphasize different aspects of child abuse. For instance, the legal based definitions emphasize observable criteria. On the other hand, social and psychological sciences focus on implications of abuse for child development (Wolfe, 2000).

The second difficulty in developing an international definition of child abuse originates from cultural differences in child rearing (Wolfe, 2000). Gökler (2006) reports that some of the traditional or religious rearing methods of underdeveloped countries such as circumcision may be considered as child abuse by other nations.

As a result of three National Incidence Studies (NIS), were conducted by U.S. Department of Health and Human Services in 1980, 1986 and 1993, two different definitional standards are accepted (Wolfe, 2000). The *harm standard* displays itself when the child suffers demonstrable harm as a result of maltreatment. The second standard is called *endangerment* and emphasizes in addition to harm, the danger of being harmed such as witnessing violence (Wolfe, 2000). Consistent with these two standards, in 1985 the World Health Organization (WHO) defined the child abuse as all forms of physical, emotional, sexual abuse, neglect and exploitation that result in actual or potential harm to the child's health, development and dignity (Zeytinoglu, 1991).

As mentioned above, the current literature classifies child abuse under four categories: sexual abuse, physical abuse, emotional abuse and neglect (Wolfe, 2000). Sexual abuse is defined as the use of a child for sexual gratification (Carr, 1999). It refers to fondling a child's genitals, sexual intercourse, incest, rape, sodomy, exhibitionism and commercial exploitation through prostitution or the production of pornographic materials (Wolfe, 2000).

Carr (1999) defines physical abuse as deliberately inflicted injury or deliberate attempts to poison a child. Wolfe (2000) makes a parallel definition and refers to the infliction or endangerment of physical injury. It includes punching, beating, kicking, biting, burning, shaking, and other behaviors, which can cause pain, cuts, broken bones and even death. Tercan

(1995) makes another similar definition. According to Tercan physical abuse refers to deliberate use of physical forces by a caretaker in order to hurt, flaw or injure a child.

According to Carr (1999) emotional abuse includes intentional behaviors of the caregiver such as frequent punishment for minor misdemeanors, frequent criticism, ridicule, humiliation and threats, frequent blocking of development of appropriate peer relationships and corruption through parents' involving the child in drug use, prostitution or theft. On the other hand, Glaser (1995) classifies emotional abuse under five dimensions: persistent negative attributions to the child, inaccurate developmental expectations, emotional unavailability, using the child to satisfy the parent's emotional needs and deviant socialization.

The description of abuse is characterized by the intention of the parent's acts. On the other hand, Carr (1999) indicates that neglect mostly occurs because of a parent's lack of awareness of the child's needs. In addition, while abuse involves an active action, neglect is passive attitude of an adult, who is responsible for the child's care (Tercan, 1995). Moreover, Wolfe (2000) draws attention to the links between cultural standards, poverty, social disadvantage and neglect.

1.1.2. Socio-Demographic Correlates of Child Abuse

Machado, Gonçalves, Matas and Dias (2007) point out that the number of studies on child abuse is expanding in the USA and Europe and in other countries. They classify the aims of these studies under three categories: 1) prevalence of child abuse 2) causes and associated socio-demographic correlations of child abuse, and 3) short-term and long-term consequences of child abuse.

Speizer, Barnow, Gau, Freyberger and Grabe (2008) conducted a research in three countries of Central America, which are Honduras, El Salvador and Guatemala, in order to determine the prevalence of child sexual abuse. They used national based data from these three countries and investigated sexual abuse which occurs before age 15. Their study reveals that the prevalence of child sexual abuse is 7.8% in Honduras, 6.4% in El Salvador, and 4.7% in Guatemala. The majority of sexual abuse victims from these three countries are reported that the first sexual abuse was experienced before age 11 (Speizer, et al., 2008).

Reigstad, JØrgensen and WichstrØm (2006) conducted a research in order to determine the prevalence of child abuse in national and regional examples of child and adolescent psychiatric patients in Norway. According to the results, 60.2% of the adolescent psychiatric patients reported abuse and neglect during their childhood. In addition, 25.5% of the adolescent psychiatric patients reported more than one kind of abuse. Reigstad, et al.

(2006) also suggested that child abuse is correlated with suicide attempts, truancy and use of alcohol, solvents and cannabis.

Another study comes from California. Freisthler, Bruce and Needell (2007) investigated the relationship among child abuse and race and ethnicity. They tried to find out the prevalence of abuse among the black, Hispanic and White children. They suggest that black children are three times more likely to experience abuse than Hispanic children and they are five times more likely than white children.

Herrenkohl and Herrenkohl (2007) tried to find out the correlations between child abuse and stressors such as parental conflict or parental personal difficulties in Pennsylvania. The investigators indicate that there are positive correlations between physical abuse, low socioeconomic status, and exposure to domestic violence, family conflict, personal problems of parents and psychological problems of children (Herrenkohl & Herrenkohl, 2007). They also state that gender is an important determinant to predict external or internal psychological problems of the child. While external problems are associated with male participants, internalizing problems are more common to girls (Herrenkohl & Herrenkohl, 2007).

Spencer, Devereux, Wallace, Sundrum, Shenoy, Bacchus and Logan (2005) conducted a research in the West Sussex Region in the UK in order to find out the associations between child abuse and disability conditions. The sample of the study consisted of 119.729 children. According to their results, conduct disorder is strongly associated with child abuse, whereas

there are no associations between abuse and sensory disorders (hearing and visual impairment).

Chang, Rhee and Berthold (2008) conducted a research in order to examine characteristics of child abuse among the Cambodian refugee families in Los Angeles. They indicated that 24.3% of children face a substantial risk of abuse. Moreover, substance abuse, mental illness such as depression, unemployment/unstable job, and problems related to being an immigrant such as language and culture, domestic violence and divorce appear as significant circumstances which lead to child abuse (Chang, Rhee & Berthold, 2008).

Another study comes from Queensland (Queensland Government Department of Child Safety, 2008). According to the results of the investigation conducted on the files of children who were abused or neglected, investigators determined five major risk factors associated with child abuse. They suggest that substance abuse, domestic violence, having been abused as a child, criminal activity and history of mental illness are the main parent related risk factors.

Machado, et al. (2007) conducted a research in order to determine the prevalence of child abuse and its relation with partner abuse in the north of Portugal. The study consists of 2.391 parents who were questioned in terms of child and partner abuse. 12.3% of the parents reported physical abuse while 22.4% of them reported emotional abuse. The investigators pointed out a strong relationship between child abuse and partner abuse. In

addition, both child and partner abuse are associated with low educational and socioeconomic status. Machado and colleagues (2007) emphasize that while mothers commonly reported child abuse, more fathers reported partner abuse.

Vatansever, Duran, Yolsal, Aladağ, Öner, Biner and Karasalihoğlu (2004) indicate that although child abuse and neglect are very important health problems in Turkey, the literature on this issue is quite limited. They claim that studies need to be done in order to determine the associated characteristics of child abuse and neglect in Turkey.

Zoroğlu, Tüzün, Şar, Öztürk, Eröcal Kora and Alyanak (2001) performed a study in Istanbul. The sample of study consist of 839 high school students from eight different schools. 16.5% of the students reported neglect, 18.8% of them reported emotional abuse while 13.5% of them were abused physically and 10.7% of the students were abused sexually including incest. The investigators also point out a strong relationship between abuse and self-destructive behaviors, suicide attempts and dissociation.

Çengel Kültür, Çuhadaroğlu-Çetin and Gökler (2007) analyzed retrospectively 9840 childhood abuse and neglect cases. People related to these cases consulted Child and Adolescent Psychiatry Department of Hacettepe University Faculty of Medicine between 2000-2004. According to their results, the comorbidity of sexual abuse and physical abuse was found as 74%. Most of the abused children were living in nuclear families from middle socioeconomic status. The mothers of 15% of the abused

children suffer from depression and 28% of the fathers suffer from alcohol abuse. Çengel Kültür and colleagues (2007) indicated that 40.7% of the abusers are acquaintance for the child and 33.4% of the offenders were intra-familial. Moreover, the investigators claimed that gender and age of the child, psychiatric history of parents and parental separation are the most important intra-familial features associated with child abuse.

Tıraş, Dilli, Dallar and Oral (2009) conducted another study in Ankara. They scanned retrospectively the child abuse and neglect cases that consulted the Ministry of Health's Ankara Training and Research Hospital between 2001 and 2005. According to their investigation, the average beginning age of the abuse was found 6 and 58% of the children were girls. They indicate that while father's alcohol abuse is associated with physical abuse, overcrowding housing correlates with all type of abuse.

Aktepe (2009) reviewed the studies on child sexual abuse and he states that the prevalence of sexual abuse was 10-40%. According to Aktepe, child sexual abuse is associated with paternal family structure and its effects on the child differ in terms of the form and duration of the abuse, the child's relationship with the offender, the age and the developmental stage of the child. He indicates that the psychic structure of the child before the abuse is also important in terms of child's psychological health.

In consequence, prevalence rates of child abuse and neglect seem to differ between wide ranges. The cultural, socioeconomic, and educational differences can be leading such a consequence. In addition, Machado and

colleagues (2007) report that differences in research methods also play a role in the inconsistency of the prevalence rates.

1.1.3. The Socio-Demographic Correlates of Child Abuse among University Students

Madu (2003) carried out a research in order to investigate the relation between child abuse and the parental physical availability among the university students in South Africa. He states a strong relationship between child abuse and perceived parental physical availability. He also emphasizes that “not living with the biological mother until 16 years of age” predicts child sexual abuse. On the other hand, “living with stepfather or adoptive father until 16 years of age” predicts child emotional abuse (pp.314-315).

McCann, Lalor and Katabaro (2006) carried out a research among university students in Tanzania. The investigators indicate that the prevalence of sexual abuse in Africa is higher than the rates in developed countries. According to McCann and friends (2006) the “virgin-cleansing” myth, which means to believe having sexual intercourse with a virgin heals AIDS, plays an important role in these higher rates. They also state that the majority of the national population believes that having sex with children is less risky considering AIDS. Because of this idea they prefer to have sexual intercourse with children or adolescents. According to the results of another study conducted by Wong, Chan, Goggins, Tang and Leung (2009) among

6628 Chinese students, the investigators state that physical abuse is associated with low levels of SES, immigration and not having a private room.

The number of studies on child abuse conducted with Turkish University Student sample seems to be limited. Mayda, Karaçor, Erdem, Kırca and Urgan (2006) inquire the prevalence of intra-familial violence among the students of Abant İzzet Baysal University. 29.7% of the students reported violence in their families and 48.5% of them claimed that their parents had been physically abused in their own childhood.

Alikaşifoğlu, Erginöz, Ercan, Albayrak-Kaymak, Uysal and İlter (2006) carried out a study in Istanbul with 1955 randomly selected female students. 13.4% of this sample reported childhood sexual abuse, namely, incest (1.8%), touch (11.3%), and intercourse (4.9%). Half of the sexually abused claimed that the offender was a stranger.

Bostancı, Albayrak, Bakoğlu and Çoban (2006) conducted another study among the students of Istanbul University. They state that the students who were born in the eastern provinces of Turkey carry more risk of emotional abuse than others do. Moreover, extended or separated families were found associated with physical and emotional abuse. The researchers also emphasize a close relation between abuse and depression.

1.1.4. Explanatory Models

Along with the recognition of the negative consequence of child abuse and neglect on the development of the child, several models are used in the attempt to explain the reasons of these associations. These models can be gathered together under three titles, including the psychiatric model, psychological model and ecological model. After introducing these models, a transitional model which builds up new connections among these models will also be presented.

1.1.4.1. Psychiatric Model

The psychiatric model, also called intraindividual model, focuses on the personality traits of parents (Wolfe, 2000). According to this model, since child abuse is a deviant behavior, the offender has to have criminal tendencies or psychiatric diseases (Wolfe, 2000). This model suggests that certain traits like narcissistic and psychopathic features, depression, anxiety, low self-esteem, and lack of empathy are common among abusive parents. Moreover, the studies which were conducted in line with this point of view suggest that social isolation, impulsiveness, chronic aggressiveness, and limited parental skills are common interpersonal behaviors of offenders (Wolfe, 2000).

Doerner and Lab (2005) offer the concept of “role reversal” in order to explain the dynamic of the relation between the abused child and the parent. According to this concept the parent expects love and nurturance from the child, and the child’s failure to meet the needs of the parent leads the parent to feel frustrated and rejected. These emotions of the parent trigger aggressive reactions which lead to child abuse.

On the other hand, this model has limitation to explain the general context of abuse and neglect (Tercan, 1995). According to Wolfe (2000), the psychiatric model was the first explanation developed in order to understand the causes of child abuse. At first this model was supported by many disciplines because it holds the parents responsible not the social or economical factors. But subsequent research reported inconsistent findings. For example, the studies about personality traits of abusive parents indicate that only 10% of these parents can be defined as mentally ill (Tercan, 1995).

1.1.4.2. Psychological Model

The limitations of the psychiatric point of view and the findings of subsequent research led theoreticians to develop a psychological model. This model focuses on child-parent relationship and psychological processes in terms of stress management, coping skills and attribution styles related to child rearing (Wolfe, 2000). The dynamic interaction between the child and

the parent is emphasized, such as the abuse history of parent and the demanding character of the child may lead to abuse.

According to Doerner and Lab (2005) the social learning approach serves as a useful tool to understand the parental part of this interaction. This approach is based on the notion of “cycle of violence.” As a consequence of witnessing or being exposed to violence, the child accepts these behaviors as permissible. Therefore, the abused children have a greater risk to use violence when they face with difficulties with their own children.

Carr (1999) reported that 30% of controlled studies support the idea of intergenerational transmission of violence. According to him the introjections of maladaptive internal working models and related self-concepts may lead to such a consequence as a result of being abused during childhood. The writer (Carr, 1999) emphasizes the effects of negative cognitive sets of abusive parents. Unrealistic high standards for young children and attributing the child’s behaviors to internal, stable and intentional defiance appear as the main characteristics of these negative cognitive sets.

The theoreticians also state that specific characteristics of children play a role in the existence of child abuse. Gender, prematurity, low birth weight, developmental delays, frequent illness, difficult temperament, aggressive and oppositional behaviors appear as important risk factors (Carr, 1999).

Although child abuse is attempted to be understood in terms of an interactional family context through the psychological model, the theoreticians state that this model omits the social and economic dimensions of abuse (Wolfe, 2000).

1.1.4.3. The Ecological Model

As a result of the theoretical limitations of former two theories, researchers needed a broadened viewpoint. The ecological, also called social stress model, investigates child abuse in a multidimensional context. Social and economic deprivation and isolation from support system are the most important components of this multidimensional context (Wolfe, 2000).

According to the ecological model these contextual factors affect family functioning and lead to chronic stress. Doerney and Lab (2005) emphasize the reactions of parents when they face with chronic stress. In such a situation parents tend to feel frustration, helplessness and feel that they don't have the control. These reactions facilitate child abuse.

In other words, the ecological model perceives child abuse as a symptom of society rather than an individual's personality defects (Wolfe, 2000), because the situational context in terms of basic needs and adequate services is an inseparable component of child rearing practice.

The theoreticians indicate that along with an increasing attention to the socio-demographic and cultural correlates of child abuse, researchers tried to collect data regarding the characteristics of abusing families (Wolfe, 2000). According to the results of these studies unemployment, social isolation and single-parenting are quite common among these families (Wolfe, 2000).

Despite its broad viewpoint, the ecological model could not escape criticisms. Doerney and Lab (2005) claim that this model cannot adequately explain why some disadvantaged families choose child abuse as a coping mechanism while others do not.

1.1.4.4. The Transitional Model of Abuse

Wolfe (2000) indicates that although these three models include different dimensions of abuse, they fail to explain it within an interactional system. He suggests a transitional model, which explains child abuse in terms of social, familial, and personal factors. The transitional model is based on two assumptions. Firstly, Wolfe (2000) conceptualizes child abuse as a gradually developing process which consists of three stages. The second assumption is related to psychological processes regarding the expression of anger and coping reactions of the parents. These psychological processes, destabilizing and compensatory factors determine the development between the stages.

The first stage of the abuse process is characterized by reduced tolerance for stress and disinhibition of aggression. In this stage the parent has difficulties dealing with stress effectively and displays mild types of abuse. But at this stage the child-parent relationship is not impaired significantly. As a result of insufficient psychological coping mechanisms of parent or the absence of compensatory factors, the second stage dominates the scene. In this stage the pressure on child-parent relationship tends to increase and the child's characteristics play a triggering role that lead to abuse. Poor management of an acute crisis or provocation characterizes this stage. Failures in this stage lead to chronic patterns of abuse (Wolfe, 2000).

1.2. The History of Attachment Theory

Attachment theory is considered as one of the most comprehensive theories in today's psychology. This theory investigates the formation, maintenance, and dissolution of intimate relationships from physiological, emotional, cognitive and behavioral perspectives. The processes of early attachment relations, psychosocial development, interpersonal functioning and the influence of these processes on clinical disorder are the main themes of this theory (Fonagy, 2001).

John Bowlby (1907-1990) is known as the father of the attachment theory and one of the major contributors of psychoanalytic thought over the

past decades (Black & Mitchell, 1995). Dijken (1998) investigated the roots of Bowlby's interest in the early maternal bond. He reports that Bowlby grew up in a typical upper-class English environment (Dijken, 1998). He was raised by nannies in a separated part of the house. Dijken (1998) claims that Bowlby's interest in separation is based on a real separation experience, which took place when Bowlby was one and a half years old. He reports that the affectionate and loving nanny was replaced by a nanny who was cold, distant and unaffectionate. Dijken (1998) defines this traumatic experience as a basis for separation phenomenon.

Bowlby developed the attachment theory based on his studies and observations of delinquent children who had childhood histories of loss, separation and maternal deprivation . He observed that at first children actively resist the separation by crying or searching. Later they begin to show more pervasive and deeper signs of distress, anxiety and sleep disturbance. Subsequently, children lose interest in the outside world. Interestingly, when the parent comes back this invisible signs of separation disappear. Bowlby observed that generally children's reactions have different forms that range from anger and mixed with anxious behaviors to complete withdrawal. Bowlby's attachment theory can be considered as an effort to explain why the separation from a specific figure causes such distress even in a relatively familiar environment. As an answer to this question, attachment theory conceptualizes disruptions of early mother-infant relationship as a key precursor of mental disorder (Fonagy, 2001).

Bowlby (1973) defines the attachment as “any form of behavior that results in a person attaining or maintaining proximity to some other differentiated and preferred individual, usually conceived as stronger and/or wiser” (p.292). He was inspired by other disciplines like ethology and evolutionary theory (Black & Mitchell, 1995). Thus, he describes attachment as an instinctive and organized behavioral system (Bowlby, 1973). The aim of this system is to obtain and maintain proximity to a caregiver and thereby enhance the infant’s chance of survival (Bowlby, 1973). Bowlby (1969) also indicates that young mammals are born with a biological predisposition to seek proximity with adults of their own kind.

The history of attachment theory cannot be explained without mentioning the contributions of Mary D.S. Ainsworth. Atkinson and Goldberg (2004) indicate that the long and close collaboration of Bowlby and Ainsworth was based on the interactions of their methodological differences. Bowlby focused on singular clinical cases. He constructed his theory in the light of materials which he obtained from the extreme cases of trauma, abandonment and loss (Atkinson & Goldberg, 2004). On the other hand, as a developmental psychologist, the main focus of Ainsworth was the direct observation of the infant-mother relationship under normative circumstances (Ainsworth, Blehar, Waters & Wall, 1978). In order to evaluate this relationship empirically, she developed specialized scales and a structured laboratory procedure, which was called the ‘strange situation’

(Ainsworth, et al., 1978). This procedure was based on the observation of the infant's reactions to the absence of the mother (Ainsworth, et al., 1978).

As a result of her empirical studies, she broadened the description of separation (Ainsworth, et al., 1978). As well as the physical separation, she emphasizes the psychological separation which means the psychological unavailability of the mother to the infant's signals and distress (Ainsworth, et al., 1978). The second important result of her research was the classification of the different attachment patterns called avoidant, secure and ambivalent-resistant (Atkinson & Goldberg, 2004). Another major milestone in attachment theory came from Main and Solomon (1986), who discovered the disorganized forms of attachment. According to Atkinson and Goldberg (2004) the development of attachment assessment tools beyond infancy is another major advance in attachment researches as well as the discovery of disorganized attachment style. These tools make it possible to investigate the links between childhood attachment patterns and adult psychopathology (Atkinson & Goldberg, 2004). Also the attachment transmission from one generation to the next, developmental psychopathology, attachment within the context of parental psychopathology and psychobiology of attachment are some of the recent study subjects of investigation. As a consequence of this fruitful relationship between clinical application and research tradition, attachment theory has been reevaluated and broadened (Atkinson & Goldberg, 2004).

1.2.1. The System of Attachment

According to Bowlby (1979), the infant comes to the world with a biologically predisposed behavioral system. The goal of this system is 'feeling safety' and it functions as a homeostatic control system which maintains a balance between the individual and her /his environment (Bowlby, 1973). This system is composed of three interrelated elements and each of these elements can be observed at a behavioral level in normal one-year-old infants. It is important to note that these behavioral elements are directed to a specific individual and the interactions between these elements regulate the child's developmental adaptation (Bowlby, 1979).

The first element is called "proximity maintenance". The aim of this element is to physically protect proximity with this specific figure, and thereby to enhance safety and survival (Bowlby, 1979). These behaviors serve as stimuli that provide the establishment and maintenance of proximity and care taking behaviors of the parent (Bowlby, 1969). Fonagy (2001) classified these attachment behaviors into three types: 1) signals, like smiling or vocalizing, which draw the parent's attention and bring her/him to the infant 2) aversive acts like crying which force the parent to terminate the undesirable stimulus, lastly 3) muscle activities that bring the child to the parent. Since separation from the attachment figure is perceived by the infant as a threatening situation, the infant protests the separation and tries to elicit protective behaviors from the caregiver through these responses.

The second element of the attachment system is called the “secure base” (Ainsworth, 1963). According to Ainsworth the attachment figure serves as a secure base for the child, and she/he can explore the outside world and engage in self- enhancement through this figure. Ainsworth (1963) emphasizes that attachment theory is about more than attachment. She claims that there is a link between the child’s attachment quality and exploratory behaviors, which is called exploratory behavioral system. The absence of the attachment figure inhibits the exploratory system and activates the fear system. Consequently, the child’s cognitive and social capacities will be disrupted. Moreover, research concerning the balance between proximity and exploratory behaviors of the infant suggest that children who feel secure in their relationship with the caregiver tend to be more social and engage in play and exploration, but children who feel insecure tend to respond in two ways. In such a situation, fear and anxiety lead to crying and clinging; or the child tend to avoid contact with the attachment figure because of his/her defensiveness (Ainsworth, 1963).

The last element of the attachment system refers to the caregiver’s function as “safe haven.” This function emerges when the infant perceives a threat in her/his environment (Bowlby, 1973). In this situation, the infant returns to the caregiver and seeks protection and comfort. According to Bowlby (1973) the availability of the attachment figure reduces the fear system; on the other hand, permanent absence of the caregiver, namely separation, leads to anxiety. Separation has two different disruptive effects

on the developmental process. Firstly the child is exposed to the environmental threat; secondly he/she senses that she/he is suddenly separated from a source of protection (Bowlby, 1973).

Bowlby (1969 and 1973) gathered his former observations on maternal deprivation and suggests a framework. He defines three different stages that develop against separation from attachment figure. The first stage is called protest and is related to separation anxiety. According to the theory the separation anxiety occurs when the attachment behavior is activated but not terminated by the attached figure. The infant cries out and tries to find the attachment figure. The infant may seem to be angry and this painful situation intensifies at nights (Bowlby, 1973). The aim of these behaviors is to bring the caregiver back and to maintain the proximity.

The second phase is called despair and is related to grief and mourning. In this stage the tone and frequency of crying reduces and the infant does not respond to the environment. He/she seems quite and desperate. The physical activity of the child reduces and she/he may show hostility to another child or a formerly favorite object (Bowlby, 1973).

In the last phase which is called detachment the infant begins to be interested in environment and playing with toys. But when the attachment figure returns the infant seems not to care and moves away from this figure. According to Bowlby (1973) these behaviors of the infant serve as a defense against the intense anxiety that originates from the probability of losing the attachment figure again.

1.2.2. The Development of Attachment

As mentioned above, Bowlby (1969) proposed that the newborn infant is not a tabula rasa. He/she comes to the world with an evolutionary predisposed behavioral system. This system will be activated through interactions with the infant's family environment. The behavioral system, which is simple and primitive at the beginning, will become sophisticated and comparatively stable through development.

Bowlby (1969) defines four phases in the development of attachment. The first phase is called pre-attachment and lasts approximately 0-2 months of age. The baby tracks the stimulus with his/her eyes and grasping, reaching, smiling and babbling are the other common behaviors of this phase. The infant seems to be interested in and responsive to social contact. Bowlby (1969) states that the infant often brings an end to crying when he/she sees a human face or hears a voice. The distinctive feature of this phase is that these behaviors of the infant are directed towards almost any person with whom she/he interacts. The cognitive capacities of the infant do not allow him/her to distinguish and orient toward the significant figure.

The second phase is called attachment-in-making and lasts between 2-6 months of age. In this period the infant maintains her/his friendly attitude towards people like the first phase; on the other hand, he/she begins to distinguish the attachment figure. The infant prefers to direct social

signals like smiling or vocalizing to this figure and settles more quickly in the presence of this certain figure (Bowlby, 1969).

In the next phase, all elements of the attachment (proximity maintaining, secure base, safe haven) seem to be organized around a certain caregiver. The child also selects subsidiary attachment figures and shows fear and withdrawal towards strangers (Bowlby, 1969). The third phase is called clear-cut attachment and expected to last between 6-36 months of age. Ainsworth (1991) focuses on the timing of the emergence of the attachment and indicates that the attachment behavior occurs when the infant begins to move more freely. The development of locomotion enables the child to explore the world and contact with people. She states also that the age peers begin to become important and attractive for the child (Ainsworth, 1991).

The final phase, namely goal-corrected partnership, begins around 36 months of age. Bowlby (1969) stresses the importance of certain cognitive abilities as a trigger of the onset of this last phase. The child becomes less persistent in maintaining the physical proximity and recognizes the attachment figure as an independent person who has her own agenda. The cognitive map regarding the stability of the caregiver helps the child to tolerate the separation and negotiate with the caregiver. Although the language begins to develop in the third phase, it facilitates effective communication in this final phase. Thereby the child can express his/her needs and wishes, besides he/she can understand caregiver's perspective

more easily (Ainsworth, 1991). In addition, the roles of the peers increase in the child's life (Ainsworth, 1991).

1.2.3. Internal Working Models

One of the most important assumptions of the attachment theory is that the attachment relation that was developed in the early phase of life affects the human being throughout his/her life (Bowlby, 1969). The central attachment figure is the caregiver during infancy and childhood because of the role of the parents as protector (Bowlby, 1969). The early bond is transferred to other intimate relations, such as peers, siblings or love partners during adolescence and adulthood (Bowlby, 1969). According to Bowlby (1969) the cognitive representation of the early caregiver and the relation with this figure is internalized throughout development. These representations are called inner working model and are composed of cognitions about self and others. Therefore, this internal working model is also called models of self and models of others (Bowlby, 1973).

About the end of the first year this inner model takes form as a consequence of object consistency. This internalized model allows the infant to estimate others' attitudes and to organize his/her behavior based on these assumptions (Bowlby, 1973). The early relations influence the human through this inner model. The new relations and self are perceived in the light of this moderator role of the complex set of unconscious evaluative

processes, which also indicate different attachment styles (Bowlby, 1973). Although in early childhood the attachment model is open to change, it becomes solidified and generalized through development and repeated experiences (Bowlby, 1979).

The validity, stability and change of internal working model over time have been one of the most important subjects of attachment research (Klohnen & John, 1998). Some contributors claim that the assumption about the stability of internal working model leaves very little room for psychological growth and change (Lewis, 1997). Another claim indicates that there is a growing empirical database on instability of attachment patterns (Baldwin, 1995). In addition, Fraley and Brumbaugh (2004) criticize the methodology of current attachment research and state that this methodology allows us only to investigate the stability of patterns not the degree of stability. Despite these criticisms and theoretical concerns, the majority of studies indicate a strong association between early and later attachment patterns (Western, 1998; Rothbard & Shaver, 1994).

A research known as Mills Longitudinal Study is especially famous in the stability research area (Klohnen & John, 1998). The investigators evaluated the attachment patterns of the participants over three decades in this study (Helson, 1967; Helson, Mitchell & Moane, 1984; Helson & Wink, 1992, as cited in Klohnen & John, 1998). The results of this research indicate a consistency in terms of the stability of attachment patterns. The avoidant type was the most stable among three attachment patterns. In

addition, the participants who displayed preoccupied attachment patterns over time tend to develop secure attachment style. According to the investigators during their adulthood the preoccupied participants may have encountered life events and circumstances which foster security. On the other hand, the avoidant individuals do not get emotionally close with others; they also avoid positive experiences (Klohn & John, 1998).

As well as the research about stability of attachment patterns, the structure of internal working model is another focus of attachment theorists. Bowlby's representational model is based on availability of the attachment figure and availability is defined in terms of accessibility and responsiveness (Bowlby, 1973). Secure attachment style indicates that the figure is perceived as accessible and responsive. Also the child displays a lovable and worthy self-concept. On the other hand, the insecure attachment style is characterized by the rejection of the attachment figure and in this case the child develops a model of self as worthless and incompetent (Bowlby, 1973).

Because of its theoretical relevance in organizing attachment, mediating individual differences, attachment patterns and explaining stability and change in attachment styles, the working-model concept is seen as a cornerstone of the attachment theory (Colins, Guichard, Ford & Feeney, 2004). Thus, the structure, functions, and contents of it became the central subjects of the following researchers and theoreticians (Colins, Guichard, Ford & Feeney, 2004).

According to Hazan and Shaver's (1987) early three-category model of attachment there are three different types of working models, named as secure, preoccupied and avoidant attachment patterns. This three-category model was based on Bowlby's self and other model (Hazan & Shaver, 1987). Bartholomew and Horowitz (1991) add two more dimensions to self and other model and define four attachment patterns. The first dimension is called anxiety and indicates the degree of individual's worry about being rejected or abandoned by others. The second dimension is labeled as avoidance and reflects the limits of individual about intimacy. The four attachment patterns, labeled as secure, preoccupied, fearful-avoidant and dismissing-avoidant are derived from these two dimensions (Bartholomew & Horowitz, 1991). Although there are differences in conceptualization and measurement of attachment styles, the attachment researchers agree that the two dimensions provide the best measurement method (Collins, Guichard, Ford & Feeney, 2004).

Main (1990) defines the attachment as "state of mind with regard to attachment". She indicates that there are two different types of strategies which characterize this state of mind. The autonomous strategies are primary because they allow the biologically based attachment system. The aim of these strategies is the protection of the organism. The secondary strategies function as defenses because they come to the scene when the autonomous strategies fail to produce intimacy with the attached figure. There are two different kinds of defense styles, labeled as deactivation and

hyper activation of the attachment system. According to Main (1990) while deactivation is associated with avoidance or dismissing, hyper activation is related to vigilance and preoccupation with the attachment figure.

Fonagy (2001) indicates that followers of Bowlby were increasingly influenced by cognitive psychology and the information processing model. Consistent with Fonagy's statements, Collins and Read (1994) proposed a new conceptualization of the content of working model. They claimed that the working model consists of four interrelated components. The first component is the memories of attachment related experiences and the second component is the beliefs, attitudes and expectations about self and others in relation to attachment process. The third component is attachment related goals and needs; strategies, while plans associated with these goals are labeled as the fourth component. According to Collins and Read (1994) individuals with different attachment patterns differ also in terms of these components. In addition, they claim that individuals differ also in terms of the content and the accessibility of their attachment memories (Collins & Read, 1994).

Collins and Feeney (2004) indicate that there are two different types of security. The first type is called *situation-specific felt security* and is associated with feeling free from threat to the self or to attachment relationship. Any threat to the situation-specific felt security activates the attachment system and coping mechanisms. On the other hand, the *relationship-specific felt security* is related to the individual's overall

confidence in the partner's commitment and responsiveness. Recent research focuses on the relations between these two different felt security and general attachment experiences (Collins, Guichard, Ford & Feeney, 2004).

1.2.4. Adult Attachment Styles

Secure attachment style is characterized by low levels of anxiety and avoidance (Collins, Guichard, Ford & Feeney, 2004). They have positive beliefs about their self and feel more confident in social situations. The secure individuals also perceive significant others as responsive and caring. They feel comfortable in close relationships (Collins & Read, 1990). Another study investigates the self-structure of secure individuals and indicates that they have more balanced and coherent self-structure. In addition, the secure individuals have also fewer discrepancies between actual and ideal self (Mikulincer, 1995).

The desire to be intimate in relationships and to see a balance between closeness and autonomy appear to be the major attachment-related need of secure individuals (Bartholomew & Horowitz, 1991). Another research which inquires the specific motives in care giving behaviors of couples suggests that secure attachment style is characterized by altruistic motives. The aim of care behaviors of secure individuals in close relationship is to increase the partners' well-being. They also enjoy helping their partners (Collins & Feeney, 2004).

Preoccupied individuals, on the other hand, are characterized by high levels of anxiety and low levels of avoidance. They have intense desire for closeness. On the other hand, the representations of significant other are negative. Their confidence in other's availability and responsiveness is low. The well-being of preoccupied individuals depends on the approval of others and their main concern is rejection (Bartholomew & Horowitz, 1991).

Shaver, Belsky and Brennan (2000) investigated the content and the accessibility of preoccupied individuals' memory. The results indicate that the preoccupied people have less integrated and organized attachment memories. They tend to have access negative memories more easily than positive ones. Another study examined the attachment related goals and needs of the preoccupied individuals (Collins & Feeney, 2004). This study points out that preoccupied people rated support and proximity as very important. On the other hand, they perceived autonomy a less important. Moreover, egocentric reasons dominate the care behaviors of preoccupied style. They tend to provide care in order to create intimacy and dependence of the partner and to feel that they have control (Collins & Feeney, 2004). They perceive relationship conflicts as an opportunity for closeness and interpret partner's disclosures as signs of intimacy. On the other hand, the fear of rejection makes them sensitive to the clues about the partner's responsiveness (Collins & Feeney, 2004).

Individuals who are fearfully attached have high degrees of anxiety and avoidance (Bartholomew & Horowitz, 1991). The intense distrust of others leads to strong expectations of rejection and discomfort with closeness. As a result of this negative feeling, they tend to avoid intimacy. The studies report that fearfully attached individuals have low levels of self-esteem (Brennan & Bosson, 1998), and focus on their negative features rather than positive ones (Mikulincer, 1995).

In consequence of their research and observations, Main and Solomon (1990) thought that maltreated or abused children display highly specific attachment style, which is called disorganized pattern. This pattern develops as a response to punitive and frightening parenting. According to the categorization of Bartholomew and Horowitz (1991) this pattern corresponds to the fearful attachment style.

The last attachment prototype called the avoidant style is characterized by low degrees of anxiety and high degrees of avoidance (Bartholomew & Horowitz, 1991). On one hand they see themselves as confident and invulnerable to rejection, but on the other their representations about significant others are negative. According to avoidant individuals the attachment figures are unreliable and unresponsive. They are suspicious about human motives and honesty. As a consequence of maintaining positive self-image, they minimize their attachment needs, restrict emotional expressions and thereby avoid potential rejections. The main attachment-

related goal of the avoidant individual is to limit intimacy and to satisfy the needs for autonomy and independence (Bartholomew & Horowitz, 1991).

Brennan and Bosson (1998) investigated the levels and sources of self-esteem in different attachment styles. They suggest that avoidant individuals have high levels of self-esteem which is based on competence. Another study which explores the care behaviors of different attachment styles indicates that avoidant individuals tend to pay more attention to their attachment needs for comfort than the partner's does (Collins & Feeney, 2004). They fail to provide care for their partners because they are afraid of partner's dependence on them (Collins & Feeney, 2004).

Studies which investigate the content and the accessibility of the attachment-related memories of different attachment prototypes also display interesting results. Shaver, Belsky and Brennan (2000) indicate that the avoidant women describe their mother as less loving and more neglecting. In addition, avoidant women have less integrated and organized attachment memories which lead difficulties in developing a coherent structure of early attachment memories. The same study displays that this disorganized structure also leads to difficulties in retrieving process of attachment-related memories.

1.3. The Consequences of Abuse in Terms of Psychopathology and Attachment

A common suggestion of research on child abuse is its being a risk factor for long-term physical and mental health. Cardiovascular diseases and hypertension and diabetes are some of the physical health problems that are frequent among the victims of childhood abuse (Fang & Corso, 2007).

On the other hand, child abuse also increases the risk of behavioral problems, personality disorders, depression, anxiety disorders, substance abuse, sexual promiscuity, perpetration of future violence, self-injuries, suicidal behaviors, interpersonal problems and eating disorders (Fang & Corso, 2007; Repetti, Taylor & Seeman, 2002; Troisi, Massaroni & Cuzzolaro, 2005).

Similar results have also been found in Turkey. Özen, Antar and Özkan (2007) indicate that emotional, physical and sexual child abuse lead to hopelessness about future, depressive mood and negative self-perception. The literature also emphasizes the strong correlation between abuse, dissociative symptoms, self-destructive acts, personality disorders, PTSD and depression (Zoroğlu, Tüzün, Tutkun, Savaş, Öztürk, Alyanak & Kora, 2003; Kural, Evren & Çakmak, 2005; Bostancı, Albayrak, Bakoğlu & Çoban, 2006).

The explanations for psychological long-term effects of child abuse can be investigated under three headings. First, explanations focus on

irreversible changes in interrelated brain circuits and hormonal systems as a consequence of exposure to stress. These irreversible changes lead to vulnerability to diseases (Shonkoff & Phillips, 2000).

Another explanation indicates that negative experiences in childhood contribute to the development of hopelessness and negative cognitive styles. These negative schemes increase the likelihood of mental diseases (Beck, 1987). Maciejewski and Mazure (2006) investigated the relationship between child abuse and adulthood major depression in terms of negative cognitive styles of the survivors. They emphasize the mediating role of fear of criticism and rejection in this correlation.

In addition to the former explanations, attachment theory proposes a highly useful foundation for understanding the effects of child abuse and the relations between abuse, attachment organization and psychopathology (Bacon & Richardson, 2001). According to this approach child abuse is conceptualized as producing insecure anxious attachment style. This attachment style is conceived as a mediating factor for later emotional and social difficulties because the negative effects of child abuse contribute to the development of a negative internal model. The distorted model of the world deprives the child of effective responding patterns (Bacon & Richardson, 2001).

Whisman (2006) tried to find out the marital outcomes of child abuse. He states that the rate of marital disruption including separation and divorce is higher than non-abused individuals. He also reports that the

current marital satisfaction of the abused group is lower than the non-abused group. Allen and Lauterbach (2007) indicate that the adult survivors of child abuse tend to have more interpersonal dependence and be emotionally unstable. They also found out that abused women tend to have more interpersonal dependence than male survivors of abuse do. Meyerson, Long, Miranda and Marx (2002) conducted a study in order to investigate the psychological well-being of adolescent survivors of child abuse. They state that abused adolescent females tend to perceive their family environment as more conflictual and less cohesive.

Alexander (1993) investigated the long term effects of child sexual abuse in terms of attachment patterns and he states that the adult survivors of child sexual abuse tend to develop insecure types of attachment including dismissing, preoccupied and fearful patterns. He also found a significant correlation between preoccupied attachment patterns, and depression and anxiety disorders. Preoccupied attached individuals tend to focus on negative emotions and they abuse alcohol as a means of self-medication. On the other hand, depression and anxiety rates of dismissing and fearfully attached individuals were low because of the tendency to avoid negative emotions. Similarly, Wearden, Lamberton, Crook and Walsh (2005) state that the preoccupied and fearful attachment styles are strongly associated with high levels of psychiatric symptom reporting. The writers indicate that negative self model and affect regulation may lead to this consequence.

Collins and Read (1990) conducted a research in order to examine the mediating role of attachment. They indicate that securely attached adult survivors of childhood sexual abuse tend to report low levels of depression. Aspelmeier, Elliott and Smith (2007) also investigated the mediating role of attachment. They state that peer attachment plays a preventive effect on trauma related symptoms like PTSD, depression, anxiety, self-esteem problems, interpersonal and relationship difficulties and dysphoria of abused individuals.

Lopez, Mauricio, Gormley, Simko and Berger (2001) tried to find out the coping styles of different attachment patterns. According to their research anxious attachment styles are associated with reactive coping mechanism which is characterized by impulsivity, strong emotional responses and distortion. On the other hand, an avoidant attachment style is associated with suppressive coping mechanism that is characterized by denial, avoidance or suppression of the awareness about the problem. The writers state that these two coping mechanisms are related with high levels of distress.

Myers and Vetere (2002) tried to find out the coping resources of different attachment styles. They state that securely attached individuals tend to use social/emotional and cognitive based coping mechanisms. The writers also emphasize that anxious and ambivalent attached individuals report low levels of general health quality.

1.4. The Purpose and Hypotheses of the Study

The literature on child abuse and neglect tend to expand for three decades in developed countries. The researchers conduct various studies in order to investigate socio-demographic correlates and the consequences of child abuse. On the other hand, the literature on this issue in under-developed or developing countries such as Turkey seems to be relatively new. Therefore, to determine the socio-demographic predictors of childhood abuse among a group of Turkish University sample may contribute to the literature.

Studies reveal the importance and extremely serious long-term effects of child abuse. The former child abuse literature has been focused on related factors of abuse. On the other hand, the new focus of studies is the mediating factors between abuse and psychopathology. The research on child abuse, its relations to psychiatric symptoms and attachment styles conducted with a Turkish sample seem to be limited. This study aims to contribute to the literature on child abuse and answer some of the questions about this issue by investigating a group of Turkish University sample.

In addition, the attachment literature proposes that cultural factors affect the development of certain attachment styles (IJzendoorn & Koornenberg, 1988). Therefore, to investigate the relation between child abuse and attachment styles in Turkish culture and compare the findings with other cultures seems to be important. The findings of this research may also be useful for the mental health professionals, who work with young

adults. In accordance with these aims the following hypotheses are formulated:

1. It is expected that the socio-demographic variables which were included in the demographic form will predict the child abuse.
2. It is expected that child abuse will predict the insecure attachment patterns.
3. It is expected that child abuse will predict the psychopathology.
4. It is expected that insecure attachment patterns will predict the psychopathology.
5. It is expected that insecure attachment patterns will mediate between child abuse and psychopathology.

2. Method

2.1. Participants

The sample of the study was composed of students attending different universities in Istanbul, ages 17 to 25. The convenience-sampling model was used in selecting the participants. The faculties and grades were not used as selection criteria. 1071 students participated in the study. The instruments were applied in the classroom setting. The application took approximately 30 minute. 63 data were not included because of missing data or invalid responses to scales.

2.2. Instruments

2.2.1. The Demographic Form

This form consists of 35 items which were used to assess the participants' characteristics like age, gender, socioeconomic status. The items that aimed to investigate their relations with child abuse were also added to demographic form. Risk taking behaviors, previous suicide attempts or different dimensions of the relationship of the participants' parents can be given as examples of those items.

2.2.2. The Brief Symptom Inventory

This inventory was developed by Derogatis (1992) and based on The Symptom Checklist-90. Brief Symptom Inventory consists of 53 items that assess various psychiatric symptoms. The inventory is composed of 9 subscales: Somatization (S), Obsessive-Compulsive Disorder (OCD), Interpersonal Sensitivity (IS), Depression (D), Anxiety Disorder (AD), Hostility (H), Phobic Anxiety (PA), Paranoid Thoughts (PT) and Psychoticism (P).

Şahin and Durak (1994) translated The Brief Symptom Inventory into Turkish and conducted reliability and validity studies. Three different studies revealed that the Cronbach Alpha coefficients for total scores of the inventory ranged between .96 and .95, for subscales between .55 and .86. The correlations between Social Comparison Scale and BSI range between 0.14 and – 0.34.

2.2.3. The Childhood Trauma Questionnaire

This questionnaire was developed by Bernstein, Fink, Handelsman, Foote, Lovejoy, Wenzel, Sapareto and Ruggiero in 1994 to evaluate the abuse and neglect that occurred before 18 years of age. CTQ is composed of 40 items and the participants assess themselves on a 5 point scale ranging from 1 (never) to 5 (very often). CTQ consists of three subscales. First

subscale is about emotional abuse and consists of 19 items. The scores of this scale range from 19 to 95. The psychical abuse subscale consists of 16 items and the scores of this scale range between 16 and 80. The last subscale evaluates sexual abuse. It is composed of 5 items and the scores range between 5 and 25. The reliability and validity study which was conducted by Bernstein, et al., (1994) indicate the Cronbach Apha coefficients of the inventory ranged from 0.79 to 0.94.

Arslan and Alpaslan (1999) translated The Childhood Trauma Questionnaire into Turkish and conducted reliability and validity studies. The study revealed that the Cronbach Apha coefficient for total scores of the inventory was .96 and for subscales ranged between .94 and .96 (Arslan & Alpaslan, 1999).

2.2.4. The Relationship Scale Questionnaire

Griffin and Bartholomew (1994) developed the Relationship Scale Questionnaire which is based on the self and others model. This scale is composed of 17 items and four subscales which measure Secure Attachment Style, Preoccupied Attachment Style, Dismissing Attachment Style and Fearful Attachment Style (Sümer & Güngör, 1999).

In administering, the participants were instructed to evaluate themselves and their close relationships on a 7-point scale ranging from 1 (not at all like me) to 7 (very much like me). Secure and Dismissing

Attachment Style subscales consist of five items each and Preoccupied and Fearful Attachment Style subscales are composed of four items each (Sümer & Güngör, 1999).

Sümer and Güngör conducted the Turkish translation and reliability, and validity studies of RSQ with a Turkish sample in 1999. The study revealed that the Cronbach Alpha coefficient ranged between .27 and .61. The test-retest coefficients ranged between .54 and .78 (Sümer & Güngör, 1999). Sümer and Güngör (1999) also made a cross-cultural comparison of the scale with a U.S. sample. The results of this study indicate a satisfactory level of reliability, stability, and convergent validity.

3. Results

This chapter presents the results of statistical analysis. First, the results regarding the descriptive characteristics of the sample are introduced. Secondly, the results regarding the socio-demographic predictors of child abuse are presented. Lastly, the results regarding the relationship between the abuse, attachment patterns and psychiatric symptoms are introduced.

3.1. The Results regarding the Descriptive Characteristics of the Sample

The sample of the study consists of 562 (55.8%) females and 446 (44.2%) males. The mean age was found as 20.88 ± 1.60 for female participants and as 21.07 ± 1.56 for male participants. The ages of the participants range from 17 to 25 and the mean age for the total sample was found as 20.96 ± 1.58 .

The majority of the sample consists of single individuals ($n=964$; 95.6%). The number of the individuals who live with their family was found as 591 (58.6%). On the other hand, 4.3% ($n=43$) of the participants lives alone. While the majority of the sample regard themselves as belonging to the middle socioeconomic class ($n=807$, 80.1%). 61.4% ($n=619$) lived in a big city before the age of 18 and 49.6% ($n=500$) of the sample have 2 or less than 2 siblings.

Descriptive statistics of these variables regarding to the participants are presented in the Table 1. Additional descriptive statistics regarding to the socio-demographic characteristics of the sample are presented in Appendix G.

Table 1. The Descriptive Statistics of Socio-Demographic Variables regarding the Participants in terms of Gender

		Female		Male		Total	
		n	%	n	%	n	%
Marital status	Single	533	94.3	431	96.6	964	95.6
	Married	29	5.2	15	3.4	44	4.4
Living Place	With Family	389	69.2	202	45.3	591	58.6
	In dormitory	67	11.9	100	22.4	167	16.6
	Living with a friend/partner in house	89	15.8	118	26.5	207	20.5
	Living alone in house	17	3.0	26	5.8	43	4.3
Socioeconomic status	Low	11	2.0	47	10.5	58	5.8
	Middle	462	82.2	345	77.4	807	80.1
	Upper	89	15.8	54	12.1	143	14.2
Number of siblings	2 and less	262	46.6	238	53.4	500	49.6
	3	231	41.1	181	40.6	412	40.9
	4 and more	69	12.3	27	6.1	96	9.5
Living place before 18	Village/Subdistrict	9	1.6	34	7.6	43	4.3
	District Center	63	11.2	81	18.2	144	14.3
	Province Center	91	16.2	111	24.9	202	20.0
	Big City	399	71.0	220	49.3	619	61.4
Total		562	100	446	100	1008	100

3.2. The Results regarding the Socio-Demographic Predictors of Child Abuse

In order to find out the social-demographic predictors of child abuse, Pearson Correlation Analysis was conducted. After this first step, with the correlated variables stepwise multiple regression analyses were conducted.

According to the results, emotional significantly correlate positively with birth sequence, number of siblings, number of people who live at home before the age of 18, having a separate room before the age of 18, the degree of approval of violence in the cultural atmosphere before the age of 18, the frequency of fights between parents and the physical violence between parents (respectively, $r = .11, p < .01$; $r = .11, p < .01$; $r = .13, p < .01$; $r = .11, p < .01$; $r = .32, p < .01$; $r = .22, p < .01$; $r = .26, p < .01$).

Physical abuse correlates positively with number of people who live at home before the age of 18, having a separate room before the age of 18, the degree of approval of violence in the cultural atmosphere before the age of 18, parents' marital status, the frequency of fights between parents and the physical violence between parents (respectively, $r = .11, p < .01$; $r = .12, p < .01$; $r = .46, p < .01$; $r = .22, p < .01$; $r = .33, p < .01$; $r = .38, p < .01$).

Moreover, the results suggest a positive correlation between sexual abuse and the degree of approval of violence in the cultural atmosphere before the age of 18, the physical violence between parents and the frequency of mother's alcohol using (respectively, $r = .12, p < .01$; $r = .09, p < .01$).

.01; $r=.07$, $p<.01$). Pearson Correlation Analysis regarding the relationship between some characteristics and child abuse is presented in Table 2.

Table 2. The Pearson Correlation Analysis regarding the Relationship between Socio-Demographic Variables and Childhood Abuse

n:1008	Emotional Abuse	Physical Abuse	Sexual Abuse	Total Abuse Score
Gender	.15**	.11**	.05	.15**
Marital status	.20	.02	-.01	.02
Living place	.01	.07*	.01	.04
Socioeconomic status	-.16**	-.14**	-.03	-.17**
Socioeconomic status before 18	-.15**	-.15**	-.67*	-.17**
Birth Sequence	.11**	.05	.01	.10**
Number of siblings	.11**	.06*	-.01	.10**
Living place before 18	-.08**	-.05	.01	-.08*
Belonging to a minority group in terms of ethnic identity	-.11**	-.08**	-.03	-.11**
Number of people who live in the home	.13**	.11**	.03	.11**
Having a separate room before 18	.11**	.12**	.02	.13**
The degree of approval of violence in the cultural atmosphere before 18	.32**	.46**	.12**	.41**
Having negative behaviours against parents before 18	-.19**	-.26**	-.10**	-.24**
Having psychological problems in these days	-.22**	-.25**	-.11**	-.25**
To be treated because of a psychological problem	-.04	-.06*	-.06*	-.06*
Having a history of previous psychological problem	-.13**	-.17**	-.16**	-.17**
Having a history of previous physical problem	-.02	-.06*	-.03	-.04
Having a history of previous suicide attempt	-.13**	-.11**	-.09**	-.14**

Table 2. The Pearson Correlation Analysis regarding the Relationship between Socio-Demographic Variables and Childhood Abuse (cont'd)

Having a history of previous self-destructive behaviors	-.16**	-.19**	-.21**	-.20**
Your mother is alive/dead	.05	.01	.00	.04
Your father is alive/dead	-.03	.03	-.01	-.01
Education level of your mother	-.13**	-.12**	-.00	-.13**
The profession of your mother	.01	.00	.05	.01
Education level of your father	-.07*	-.07*	.00	-.07*
The profession of your father	-.02	-.01	.03	-.01
Parent's marital status	.12**	.22**	.02	.17**
The degree of parents' getting along with each other	-.30**	-.37**	-.09**	-.35**
The frequency of fights between parents	.22**	.33**	.03	.28**
The physical violence between parents	.26**	.38**	.09**	.33**
The frequency of mother's alcohol using	-.03	-.01	.07*	-.02
The frequency of father's alcohol using	.02	.06*	.10	.05
Familial psychiatric history	-.22**	-.25**	-.12**	-.26**
Parents' history of sexual, emotional or physical childhood abuse	-.28**	-.33**	-.18**	-.34**

* p< .05; ** p<.001

While gender, socioeconomic status before the age of 18, birth sequence, number of siblings, living place before the age of 18, belonging to a minority group in terms of ethnic identity, number of people who live at home before the age of 18, having a separate room before the age of 18, the degree of approval of violence in the cultural atmosphere before the age of

18, having negative behaviours against parents before the age of 18, having a history of previous psychological problem, education level of your mother, education level of your father, parent's marital status, familial psychiatric history, parents' history of sexual, emotional or physical childhood abuse classified as independent variables, physical, emotional, sexual and total abuse act as dependent variables.

The results of stepwise multiple regression analysis reveals that 10% of the variance in emotional abuse was explained by the degree of approval of violence in the cultural atmosphere before the age of 18. On the other hand, in addition to the first independent variable, parents' history of sexual, emotional or physical childhood abuse, gender and having negative behaviours against parents before the age of 18 predict 20% of the variance in the factor. In addition to the mentioned variables 24% of the variance in emotional abuse was explained by familial history of psychiatric disorder, number of people who live at home before the age of 18, socioeconomic status before the age of 18 and parent's marital status. Summary of stepwise multiple regression analysis for socio-demographic variables predicting emotional abuse is presented in Table 3.

Table 3: Summary of Stepwise Multiple Regression Analysis for Socio-Demographic Variables Predicting Emotional Abuse

Dependent Variable	Independent Variable	β	T	R²
Emotional Abuse	The degree of approval of violence in the cultural atmosphere before 18	.32	10.87**	.10
	Parents' history of sexual, emotional or physical childhood abuse	-.24	-8.29**	.16
	Gender	.14	4.85**	.18
	Having negative behaviours against parents before 18	-.14	-4.94**	.20
	Familial history of psychiatric disorder	-.13	-4.46**	.21
	Number of people who live in the home	.10	3.76**	.22
	Socioeconomic status before 18	-.08	-3.17*	.23
	Parent's marital status	.08	3.07*	.24

* p< .01; ** p<.001

The results of stepwise multiple regression analysis indicates that 21% of the variance in physical abuse was explained by the degree of approval of violence in the cultural atmosphere before the age of 18. On the other hand, in addition to the first independent variable, parents' history of sexual, emotional or physical childhood abuse, parent's marital status, having negative behaviours against parents before the age of 18, number of people who live at home before the age of 18 and familial history of psychiatric disorder predict 36% of the variance in the factor. Summary of stepwise multiple regression analysis for socio-demographic variables predicting physical abuse is presented in Table 4.

Table 4: Summary of Stepwise Multiple Regression Analysis for Socio-Demographic Variables Predicting Physical Abuse

Dependent Variable	Independent Variable	β	T	R²
Psychical Abuse	The degree of approval of violence in the cultural atmosphere before 18	.46	16.46***	.21
	Parents' history of sexual, emotional or physical childhood abuse	-.27	-9.97***	.28
	Parent's marital status	.18	7.03***	.31
	Having negative behaviours against parents before 18	-.15	-6.07**	.34
	Number of people who live in the home	.10	4.01***	.35
	Familial psychiatric history	-.10	-3.99***	.36
	Gender	.09	3.60***	.37
	Socioeconomic status before 18	-.07	-3.05**	.37
	Having a history of previous psychological problem	-.07	-2.78*	.38

*p < .05; ** p< .01; *** p<.001

Parents' history of sexual, emotional or physical childhood abuse predicts 3% of the variance in sexual abuse. In addition to the first independent variable, 6% of the variance in sexual abuse was explained by having a history of previous psychological problem and the degree of approval of violence in the cultural atmosphere before the age of 18. Summary of stepwise multiple regression analysis for socio-demographic variables predicting sexual abuse is presented in Table 5.

Table 5: Summary of Stepwise Multiple Regression Analysis for Socio-Demographic Variables Predicting Sexual Abuse

Dependent Variable	Independent Variable	β	T	R²
Sexual Abuse	Parents' history of sexual, emotional or physical childhood abuse	-.18	-5.79**	.03
	Having a history of previous psychological problem	-.13	-4.31**	.05
	The degree of approval of violence in the cultural atmosphere before 18	.10	3.28*	.06

* p< .01; ** p<.001

The results of the regression analysis reveal that 16% of the variance in total abuse was explained by the degree of approval of violence in the cultural atmosphere before the age of 18. On the other hand, in addition to the first independent variable, parents' history of sexual, emotional, or physical childhood abuse, having negative behaviours against parents before the age of 18 and gender predict 29% of the variance in the factor. Summary of stepwise multiple regression analysis for socio-demographic variables predicting total child abuse experience is presented in Table 6.

Table 6: Summary of Stepwise Multiple Regression Analysis for Socio-Demographic Variables Predicting Total Abuse Experience

Dependent Variable	Independent Variable	β	T	R²
Total Abuse	The degree of approval of violence in the cultural atmosphere before 18	.41	14.28**	.16
	Parents' history of sexual, emotional or physical childhood abuse	-.28	-10.21**	.24
	Having negative behaviours against parents before 18	-.15	-5.70**	.27

Table 6: Summary of Stepwise Multiple Regression Analysis for Socio-Demographic Variables Predicting Total Abuse Experience (cont'd)

Dependent Variable	Independent Variable	β	T	R²
Total Abuse	Gender	.14	5.47**	.29
	Familial history of psychiatric disorder	-.14	-5.30**	.31
	Parent's marital status	.10	4.07**	.32
	Number of people who live in the home	.12	4.58**	.33
	Socioeconomic status before 18	-.09	-3.67**	.34
	Having a history of previous psychological problem	-.07	-2.72*	.35

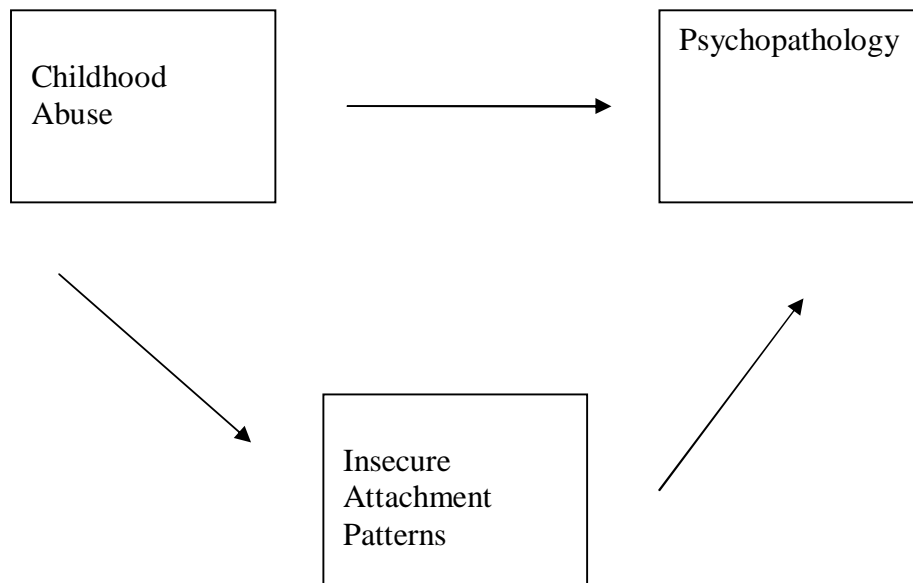
*p < .05; ** p<.001

3.3. The Results regarding the Mediator Role of Insecure Attachment Patterns between the Child Abuse and Psychopathology

The criteria of Baron and Kenny (1986) were considered in order to evaluate the mediating role of insecure attachment patterns between child abuse and psychopathology. According to these criteria there has to be significant relationship between independent, mediating and dependent variable in terms of correlation and regression analysis (see Figure 1). Therefore, at first the correlation and regression analysis were conducted between child abuse, attachment patterns and psychopathology.

Secondly the regression analysis regarding the mediating role of insecure attachment patterns was conducted with the convenient variables in terms of Baron's and Kenny's (1986) criteria.

Fig.1. Conceptual Model of Mediating Processes of Insecure Attachment Patterns between Child Abuse and Psychopathology



3.3. 1.The Results regarding the Relationship between Child Abuse and Attachment Patterns

Pearson Correlation Analysis was conducted in order to investigate the relationship between attachment patterns and child abuse.

According to the results, dismissing attachment pattern significantly correlates with physical abuse ($r = .08, p < .01$). Moreover, there is a positive relationship between fearful and preoccupied attachment styles and physical and emotional abuse scores (respectively, $r = .16, p < .01$; $r = .14, p < .01$, $r = .15, p < .01$ $r = .09, p < .01$). Pearson Correlation Analysis regarding the relationship between attachment patterns and childhood abuse is presented in Table 7.

Table 7. The Pearson Correlation Analysis regarding the Relationship between Attachment Patterns and Child Abuse

n:1008	Physical Abuse	Emotional Abuse	Sexual Abuse	Total Abuse Score
Dismissing Attachment	.08**	.05	-.01	.06*
Secure Attachment	-.10**	-.14**	.00	-.13**
Fearful Attachment	.16**	.14**	.01	.16**
Preoccupied Attachment	.15**	.09**	.07*	.13**

* p< .05; ** p<.001

In order to find out the predictor effect of child abuse on the attachment pattern stepwise multiple regression analysis was applied.

Physical abuse and total abuse scores were included to the stepwise regression analysis. But only physical abuse was found to be the significant predictors of dismissing attachment pattern. Approximately 1% of the variance in dismissing attachment pattern was explained by physical abuse. Summary of stepwise multiple regression analysis for child abuse predicting dismissing attachment pattern is presented in Table 8.

Table 8. Summary of Stepwise Multiple Regression Analysis for Child Abuse Predicting Dismissing Attachment Pattern

Dependent Variable	Independent Variable	β	T	R²
Dismissing Attachment	Physical Abuse	.08	2.62*	.01

*p < .05

Emotional, physical and total abuse scores were included to the stepwise regression analysis. While 2% of the variance in secure attachment pattern was explained by emotional abuse other abuse types was found to be not significant predictors of secure attachment pattern. Summary of stepwise multiple regression analysis for child abuse predicting secure attachment pattern is presented in the Table 9.

Table 9. Summary of Stepwise Multiple Regression Analysis for Child Abuse Predicting Secure Attachment Pattern

Dependent Variable	Independent Variable	β	T	R²
Secure Attachment	Emotional Abuse	-.14	-4.52*	.02

* p<.001

Approximately 3% of the variance in fearful attachment pattern was explained by physical abuse. Emotional and total abuse scores were found to be not significant predictors of fearful attachment pattern. Summary of stepwise multiple regression analysis for child abuse predicting fearful attachment pattern is presented in Table 10.

Table 10. Summary of Stepwise Multiple Regression Analysis for Child Abuse Predicting Fearful Attachment Pattern

Dependent Variable	Independent Variable	β	T	R²
Fearful Attachment	Physical Abuse	.16	5.23*	.03

* p<.001

Emotional, physical and sexual abuse scores were included to the stepwise regression analysis. 2% of the variance in preoccupied attachment pattern was explained by physical abuse. Other abuse types were found to be not significant predictors of preoccupied attachment pattern. Summary of stepwise multiple regression analysis for child abuse predicting preoccupied attachment pattern are presented in Table 11.

Table 11. Summary of Stepwise Multiple Regression Analysis for Child Abuse Predicting Preoccupied Attachment Pattern

Dependent Variable	Independent Variable	β	T	R²
Preoccupied Attachment	Physical Abuse	.15	4.87*	.02*

* p<.001

3.3.2. The Results regarding the Relationship between Child Abuse and Psychopathology

Pearson Correlation Analysis was conducted in order to investigate the relationship between psychopathology and childhood abuse.

Physical abuse correlates positively with somatization, obsessive-compulsive disorder, interpersonal vulnerability, depression, anxiety disorder, hostility, phobic anxiety, paranoid thinking and psychoticism (respectively, $r = .27, p < .01$; $r = .25, p < .01$; $r = .28, p < .01$; $r = .34, p < .01$; $r = .32, p < .01$; $r = .30, p < .01$; $r = .28, p < .01$; $r = .32, p < .01$; $r = .31, p < .01$).

Emotional abuse correlates positively with somatization, obsessive-compulsive disorder, interpersonal vulnerability, depression, anxiety disorder, hostility, phobic anxiety, paranoid thinking and psychoticism (respectively, $r = .20, p < .01$; $r = .18, p < .01$; $r = .25, p < .01$; $r = .29, p < .01$; $r = .24, p < .01$; $r = .20, p < .01$; $r = .26, p < .01$; $r = .27, p < .01$; $r = .26, p < .01$).

Sexual abuse correlates positively with somatization, obsessive-compulsive disorder, interpersonal vulnerability, depression, anxiety disorder, hostility, phobic anxiety, paranoid thinking and psychoticism (respectively, $r = .13, p < .01$; $r = .08, p < .01$; $r = .11, p < .01$; $r = .09, p < .01$; $r = .12, p < .01$; $r = .14, p < .01$; $r = .11, p < .01$; $r = .13, p < .01$; $r = .09, p < .01$).

Pearson Correlation Analysis regarding the relationship between psychopathology and child abuse is presented in Table 12.

Table 12. The Pearson Correlation Analysis regarding the Relationship between Psychopathology and Child Abuse

<i>n:1008</i>	<i>Physical Abuse</i>	<i>Emotional Abuse</i>	<i>Sexual Abuse</i>	<i>Total Abuse Score</i>
Somatization	.27*	.20*	.13*	.25*
Obsessive-Compulsive Disorder	.25*	.18*	.08*	.23*
Interpersonal vulnerability	.28*	.25*	.11*	.29*
Depression	.34*	.29*	.09*	.34*
Anxiety Disorder	.32*	.24*	.12*	.30*
Hostility	.30*	.20*	.14*	.26*
Phobic Anxiety	.28*	.26*	.11*	.29*

Table 12. The Pearson Correlation Analysis regarding the Relationship between Psychopathology and Child Abuse (cont'd)

<i>n:1008</i>	<i>Physical Abuse</i>	<i>Emotional Abuse</i>	<i>Sexual Abuse</i>	<i>Total Abuse Score</i>
Paranoid thinking	.32*	.27*	.13*	.32*
Psychoticism	.31*	.26*	.09*	.30*

* p<.001

In order to find out the predictor effect of childhood abuse on psychopathology, stepwise multiple regression analysis was applied. While somatization, obsessive-compulsive disorder, interpersonal vulnerability, depression, anxiety disorder, hostility, phobic anxiety, paranoid thinking and psychoticism are classified as dependent variables, physical, emotional, sexual and total abuse act as independent variables.

Emotional, physical and sexual abuse scores were included to the stepwise multiple regression analysis. According to the results, while emotional and sexual abuse was found to be not significant in terms of regression analysis, 8% of the variance in somatization was explained by physical abuse. Summary of stepwise multiple regression analysis for child abuse predicting somatization is presented in Table 13.

Table 13. Summary of Stepwise Multiple Regression Analysis for Child Abuse Predicting Somatization

Dependent Variable	Independent Variable	β	T	R²
Somatization	Physical Abuse	.27	9.10*	.08

* p<.001

On the other hand, 7% of the variance in obsessive compulsive disorder was explained by physical abuse. Other abuse types were found to be not significant predictors of obsessive compulsive disorder. Summary of stepwise multiple regression analysis for child abuse predicting obsessive-compulsive disorder is presented in Table 14.

Table 14. Summary of Stepwise Multiple Regression Analysis for Child Abuse Predicting Obsessive Compulsive Disorder

Dependent Variable	Independent Variable	β	T	R²
Obsessive Compulsive Disorder	Physical Abuse	.25	8.33*	.07

* p<.001

Approximately 8% of the variance in interpersonal vulnerability was explained by total abuse; both total abuse and emotional abuse predict 9% of the variance in the factor. Summary of stepwise multiple regression analysis for child abuse predicting interpersonal vulnerability is presented in Table 15.

Table 15. Summary of Stepwise Multiple Regression Analysis for Child Abuse Predicting Interpersonal Vulnerability

Dependent Variable	Independent Variable	β	T	R²
Interpersonal Vulnerability	Total Abuse Score	.29	9.68**	.08
	Emotional Abuse	-.23	-2.47*	.09

* p< .01; ** p<.001

Moreover, 11% of the variance in depression was explained by total abuse, both total abuse and physical abuse predict 12% of the variance in the factor. Summary of stepwise multiple regression analysis for child abuse predicting depression is presented in Table 16.

Table 16. Summary of Stepwise Multiple Regression Analysis for Child Abuse Predicting Depression

Dependent Variable	Independent Variable	β	T	R²
Depression	Total Abuse Score	.34	11.59**	.11
	Physical Abuse	.17	3.07*	.12

* p< .01; ** p<.001

On the other hand, 10% of the variance in anxiety disorder was explained by physical abuse. Other abuse types were found to be not significant predictors of anxiety disorder. Summary of stepwise multiple regression analysis for child abuse predicting anxiety disorder is presented in Table 17.

Table 17. Summary of Stepwise Multiple Regression Analysis for Child Abuse Predicting Anxiety Disorder

Dependent Variable	Independent Variable	β	T	R²
Anxiety Disorder	Physical Abuse	.32	10.87*	.10

* p<.001

Approximately, 9% of the variance in hostility was explained by physical abuse. Both physical and sexual abuse predicts 10% of the variance in the factor. Summary of stepwise multiple regression analysis for child abuse predicting hostility is presented in Table 18.

Table 18. Summary of Stepwise Multiple Regression Analysis for Child Abuse Predicting Hostility

Dependent Variable	Independent Variable	β	T	R²
Hostility	Physical Abuse	.30	9.99**	.09
	Sexual Abuse	.07	2.37*	.10

* p< .01; ** p<.001

Total abuse score predict 8% of the variance in phobic anxiety. Both total and emotional abuses explain 10% of the variance in the factor. Summary of stepwise multiple regression analysis for child abuse predicting phobic anxiety is presented in Table 19.

Table 19. Summary of Stepwise Multiple Regression Analysis for Child Abuse Predicting Phobic Anxiety

Dependent Variable	Independent Variable	β	T	R²
Phobic Anxiety	Total Abuse Score	.29	9.84**	.08
	Emotional Abuse	-.19	-2.12*	.09

* p< .01; ** p<.001

On the other hand, physical abuse predicts 11% of the variance in paranoid thinking. Both physical and total abuses explain 12% of the variance in the factor. Summary of stepwise multiple regression analysis for child abuse predicting paranoid thinking is presented in Table 20.

Table 20. Summary of Stepwise Multiple Regression Analysis for Child Abuse Predicting Paranoid Thinking

Dependent Variable	Independent Variable	β	T	R²
Paranoid Thinking	Physical Abuse	.32	11.04**	.11
	Total Abuse Score	.17	3.05*	.12

* p< .01; ** p<.001

Approximately 10% of the variance in psychoticism was explained by physical abuse. In addition, both physical and emotional abuse predicts 11% of the variance in the factor. Summary of stepwise multiple regression analysis for child abuse predicting psychoticism is presented in Table 21.

Table 21. Summary of Stepwise Multiple Regression Analysis for Child Abuse Predicting Psychoticism

Dependent Variable	Independent Variable	β	T	R²
Psychoticism	Physical Abuse	.31	10.47**	.10
	Emotional Abuse	.10	2.55*	.11

* p< .01; ** p<.001

3.3.3. The Results regarding the Relationship between Attachment Patterns and Psychopathology

Pearson Correlation Analysis was conducted in order to investigate the relationship between psychopathology and attachment patterns.

Dismissing attachment pattern correlates positively with somatization, obsessive-compulsive disorder, interpersonal vulnerability, depression, anxiety disorder, hostility, phobic anxiety, paranoid thinking and psychoticism (respectively, $r = .12, p < .01$; $r = .17, p < .01$; $r = .10, p < .01$ $r = .16, p < .01$; $r = .12, p < .01$; $r = .12, p < .01$, $r = .11, p < .01$; $r = .22, p < .01$; $r = .20, p < .01$).

Secure attachment pattern correlates negatively with somatization, obsessive-compulsive disorder, interpersonal vulnerability, depression, anxiety disorder, hostility, phobic anxiety, paranoid thinking and psychoticism (respectively, $r = -.15, p < .01$; $r = -.20, p < .01$; $r = -.26, p < .01$ $r = -.16, p < .01$; $r = -.12, p < .01$; $r = -.12, p < .01$, $r = -.11, p < .01$; $r = -.22, p < .01$; $r = -.20, p < .01$).

.32, $p < .01$; $r = -.23$, $p < .01$; $r = -.09$, $p < .01$, $r = -.26$, $p < .01$; $r = -.27$, $p < .01$; $r = -.25$, $p < .01$).

Fearful attachment pattern correlates positively with somatization, obsessive-compulsive disorder, interpersonal vulnerability, depression, anxiety disorder, hostility, phobic anxiety, paranoid thinking and psychoticism (respectively, $r = .20$, $p < .01$; $r = .27$, $p < .01$; $r = .31$, $p < .01$; $r = .33$, $p < .01$; $r = .28$, $p < .01$; $r = .21$, $p < .01$, $r = .26$, $p < .01$; $r = .44$, $p < .01$; $r = .31$, $p < .01$).

Preoccupied attachment pattern correlates positively with somatization, obsessive-compulsive disorder, interpersonal vulnerability, depression, anxiety disorder, hostility, phobic anxiety, paranoid thinking and psychoticism (respectively, $r = .13$, $p < .01$; $r = .25$, $p < .01$; $r = .32$, $p < .01$; $r = .32$, $p < .01$; $r = .20$, $p < .01$; $r = .18$, $p < .01$, $r = .18$, $p < .01$; $r = .24$, $p < .01$; $r = .22$, $p < .01$). Pearson Correlation Analysis regarding the relationship between psychopathology and attachment patterns is presented in Table 22.

Table 22. The Pearson Correlation Analysis regarding the Relationship between Psychopathology and Attachment Patterns

n:1008	Dismissing Attachment	Secure Attachment	Fearful Attachment	Preoccupied Attachment
Somatization	.12*	-.15*	.20*	.13*
Obsessive-Compulsive Disorder	.17*	-.20*	.27*	.25*
Interpersonal vulnerability	.10*	-.26*	.31*	.32*

Table 22. The Pearson Correlation Analysis regarding the Relationship between Psychopathology and Attachment Patterns (cont'd)

n:1008	Dismissing Attachment	Secure Attachment	Fearful Attachment	Preoccupied Attachment
Depression	.16*	-.32*	.33*	.32*
Anxiety Disorder	.12*	-.23*	.28*	.20*
Hostility	.12*	-.09*	.21*	.18*
Phobic Anxiety	.11*	-.26*	.26*	.18*
Paranoid thinking	.22*	-.27*	.44*	.24*
Psychoticism	.20*	-.25*	.31*	.22*

* p<.001

In order to find out the predictor value of attachment patterns on psychopathology, stepwise multiple regression analysis was applied. While somatization, obsessive-compulsive disorder, interpersonal vulnerability, depression, anxiety disorder, hostility, phobic anxiety, paranoid thinking and psychoticism are classified as dependent variables, avoidant, preoccupied, fearful and secure attachment patterns act as independent variables.

According to the results approximately 4% of the variance in somatization was explained by fearful attachment pattern. Both fearful and preoccupied attachment predict 5% of the variance in the factor. Moreover, dismissing and secure attachments with the two above predict 7% of the variance in the factor. Summary of stepwise multiple regression analysis for attachment patterns predicting somatization is presented in Table 23.

Table 23. Summary of Stepwise Multiple Regression Analysis for Attachment Patterns Predicting Somatization

Dependent Variable	Independent Variable	β	T	R²
Somatization	Fearful Attachment	.20	6.66**	.04
	Preoccupied Attachment	.11	3.67**	.05
	Dismissing Attachment	.09	2.56*	.06
	Secure Attachment	-.07	-2.15*	.07

* p< .01; ** p<.001

The results of stepwise multiple regression analysis indicate that 7% of the variance in obsessive-compulsive disorder was explained by fearful attachment pattern. On the other hand, fearful, preoccupied and dismissing attachments predict 14% of the variance in the factor. Summary of stepwise multiple regression analysis for attachment patterns predicting obsessive-compulsive disorder is presented in Table 24.

Table 24. Summary of Stepwise Multiple Regression Analysis for Attachment Patterns Predicting Obsessive Compulsive Disorder

Dependent Variable	Independent Variable	β	T	R²
Obsessive Compulsive Disorder	Fearful Attachment	.27	9.03**	.07
	Preoccupied Attachment	.22	7.71**	.13
	Dismissing Attachment	.15	4.62**	.14
	Secure Attachment	-.09	-2.86*	.15

* p< .01; ** p<.001

Moreover, 10% of the variance in interpersonal vulnerability was explained by preoccupied attachment pattern. Preoccupied, fearful and

secure attachments predict 20% of the variance in the factor. Summary of stepwise multiple regression analysis for attachment patterns predicting interpersonal vulnerability is presented in Table 25.

Table 25. Summary of Stepwise Multiple Regression Analysis for Attachment Patterns Predicting Interpersonal Vulnerability

Dependent Variable	Independent Variable	β	T	R²
Interpersonal Vulnerability	Preoccupied Attachment	.32	10.86*	.10
	Fearful Attachment	.28	9.93*	.18
	Secure Attachment	-.14	-4.72*	.20

* p<.001

The results reveal that 17% of the variance in depression was explained by fearful and preoccupied attachment pattern. Moreover, secure and dismissing attachment patterns with the two above predict 22% of the variance in the factor. Summary of stepwise multiple regression analysis for attachment patterns predicting depression is presented in Table 26.

Table 26. Summary of Stepwise Multiple Regression Analysis for Attachment Patterns Predicting Depression

Dependent Variable	Independent Variable	β	T	R²
Depression	Fearful Attachment	.33	11.11*	.10
	Preoccupied Attachment	.26	9.08*	.17
	Secure Attachment	-.21	-6.79*	.21
	Dismissing Attachment	.12	3.78*	.22

* p<.001

Approximately 11% of the variance in anxiety disorder was explained by fearful and preoccupied attachment pattern. Dismissing and secure attachments with the two above predict 13% of the variance in the factor. Summary of stepwise multiple regression analysis for attachment patterns predicting anxiety disorder is presented in Table 27.

Table 27. Summary of Stepwise Multiple Regression Analysis for Attachment Patterns Predicting Anxiety Disorder

Dependent Variable	Independent Variable	β	T	R²
Anxiety Disorder	Fearful Attachment	.28	9.45**	.08
	Preoccupied Attachment	.18	6.18**	.11
	Secure Attachment	-.12	-3.95**	.12
	Dismissing Attachment	.06	1.97*	.13

* p< .01; ** p<.001

The results indicate that approximately 4% of the variance in hostility was explained by fearful attachment pattern. Both fearful and preoccupied attachments predict 7% of the variance in the factor. Moreover, dismissing attachment with the two above predict 8% of the variance in the factor. Summary of stepwise multiple regression analysis for attachment patterns predicting hostility is presented in Table 28.

Table 28. Summary of Stepwise Multiple Regression Analysis for Attachment Patterns Predicting Hostility

Dependent Variable	Independent Variable	B	T	R²
Hostility	Fearful Attachment	.21	7.00**	.04
	Preoccupied Attachment	.16	5.55**	.07
	Dismissing Attachment	.10	2.94*	.08

* p< .01; ** p<.001

Approximately 7% of the variance in phobic anxiety was explained by fearful attachment pattern. Fearfully, secure and preoccupied attachments predict 12% of the variance in the factor. Summary of stepwise multiple regression analysis for attachment patterns predicting phobic anxiety is presented in Table 29.

Table 29. Summary of Stepwise Multiple Regression Analysis for Attachment Patterns Predicting Phobic Anxiety

Dependent Variable	Independent Variable	β	T	R²
Phobic Anxiety	Fearful Attachment	.26	8.65*	.07
	Secure Attachment	-.18	-5.51*	.10
	Preoccupied Attachment	.15	5.09*	.12

* p<.001

The results of regression analysis reveal that 20% of the variance in paranoid thinking was explained by fearful attachment pattern. Both fearful and preoccupied attachments predict 23% of the variance in the factor. Moreover dismissing and secure attachments with the two above predict 24% of the variance in the factor. Summary of stepwise multiple regression analysis for attachment patterns predicting paranoid thinking is presented in Table 30.

Table 30. Summary of Stepwise Multiple Regression Analysis for Attachment Patterns Predicting Paranoid Thinking

Dependent Variable	Independent Variable	β	T	R²
Paranoid Thinking	Fearful Attachment	.44	15.57**	.20
	Preoccupied Attachment	.20	7.31**	.23
	Dismissing Attachment	.11	3.44**	.24
	Secure Attachment	-.09	-3.00*	.25

* p< .01; ** p<.001

Approximately 10% of the variance in psychoticism was explained by fearful attachment pattern. Both fearful and preoccupied attachments predict 14% of the variance in the factor. Moreover dismissing and secure attachments with the two above predict 17% of the variance in the factor. Summary of stepwise multiple regression analysis for attachment patterns predicting psychoticism is presented in Table 31.

Table 31. Summary of Stepwise Multiple Regression Analysis for Attachment Patterns Predicting Psychoticism

Dependent Variable	Independent Variable	β	T	R²
Psychoticism	Fearful Attachment	.31	10.66*	.10
	Preoccupied Attachment	.20	6.80*	.14
	Dismissing Attachment	.15	4.65*	.16
	Secure Attachment	-.13	-4.07*	.17

* p<.001

3.3.4. The Results regarding the Mediating Role of Insecure Attachment Patterns between Child Abuse and Psychopathology

As mentioned, above in order to evaluate the mediating role of insecure attachment patterns between childhood abuse and psychiatric symptoms correlation and regression analysis were conducted between independent, mediating and dependent variables. According to the results, physical abuse was independent variable; dismissing, fearful and

preoccupied attachment patterns were mediator variables and somatization, obsessive-compulsive disorder, anxiety disorder, hostility, paranoid thinking and psychoticism met the criteria of Baron and Kenny (1986). Therefore, hierarchical logistics regression analysis and Sobel-Test were conducted with the mentioned variables (See Table 32).

According to the results of Sobel test, while dismissing and preoccupied attachments play a partial mediating role for somatization, fearful attachment was found statistically non-significant in terms of mediator variable (respectively, $z=2.18$, $p < .05$; $z=2.56$, $p < .05$; $z=0.53$, $p > .05$). On the other hand, dismissing, preoccupied and fearful attachments play a partial mediator role between physical abuse and obsessive compulsive disorder (respectively, $z=2.46$, $p < .05$; $z=4.11$, $p < .05$; $z=4.52$, $p < .05$). Similarly, the results of Sobel Test reveal that also insecure attachment namely, dismissing, fearful and preoccupied attachments act as a partial mediator on anxiety disorder (respectively, $z=2.15$, $p < .05$; $z=4.56$, $p < .05$; $z=3.69$, $p < .05$).

Moreover, the results of Sobel test suggest that insecure attachment patterns namely, dismissing, fearful and preoccupied patterns play also a partial mediating role between physical abuse and hostility (respectively, $z=2.16$, $p < .05$; $z=3.96$, $p < .05$; $z=3.45$, $p < .05$). Similarly, dismissing, fearful and preoccupied attachments play a partial mediating role between physical abuse and paranoid thinking (respectively, $z=2.57$, $p < .05$; $z=5.13$, $p < .05$; $z=3.99$, $p < .05$). The results of Sobel Test reveal that also insecure

attachment namely, dismissing, fearful and preoccupied attachments act as a partial mediator on psychoticism (respectively, $z=2.54$, $p < .05$; $z=4.74$, $p < .05$; $z=3.89$, $p < .05$).

Table 32. The Summary of Hierarchical Logistics Regression Analysis regarding the Mediating Role of Insecure Attachment Patterns between Physical Abuse and Psychopathology

		Dismissing	Fearful	Preoccupied
Somatization	B	.377**	.499**	.334*
	S.E.	.108	.092	.112
	Wald	12.180	29.364	8.880
Obsessive-Compulsive Disorder	B	.596**	.772**	.854**
	S.E.	.115	.097	.118
	Wald	26.832	63.202	52.272
Anxiety Disorder	B	.332*	.664**	.550**
	S.E.	.098	.081	.100
	Wald	11.424	67.076	30.25
Hostility	B	.358*	.508**	.522**
	S.E.	.105	.089	.109
	Wald	11.56	32.49	22.848
Paranoid Thinking	B	.617**	.067**	.636**
	S.E.	.093	.074	.096

Table 32. The Summary of Hierarchich Logistics Regression Analysis regarding the Mediating Role of Insecure Attachment Patterns between Physical Abuse and Psychopathology (cont'd)

		Dismissing	Fearful	Preoccupied
Psychoticism	B	.497**	.650**	.527**
	S.E.	.082	.069	.085
	Wald	36.723	88.736	38.44

*p<.01,**p<.001

4. Discussion

The aim of this study is to determine the predictors of child abuse in Turkish University sample and to investigate the mediating role of attachment patterns between child abuse and psychopathology.

This chapter consists of the discussion of the results of this study in the light of current literature.

4.1. The Socio-Demographic Predictors of Child Abuse

The first hypothesis of this study was that socio-demographic variables in the demographic form will predict the child abuse. This hypothesis confirmed partially. The results of this present study suggest that the degree of approval of violence in the cultural atmosphere, parents' history of sexual, emotional or physical childhood abuse perceived by the participant, gender, socioeconomic status, familial history of psychiatric disorder, parent's marital status, having negative manner of conduct against parents and having a history of previous psychological problem are the most important predictors of childhood abuse.

Menard, Bandeen-Roche and Chilcoat (2004) tried to find out the socio-demographic correlates of child abuse. They suggest that black race, parent's mental illness, and non-nuclear family structure are significant predictors for child abuse. They also claim that male gender is another significant predictor especially for physical and emotional child abuse.

Similarly, Briere and Elliott (2003) suggest that emotional and physical abuse is more common among male gender than female gender. There are other studies which indicate that domestic violence and partner abuse between parents are very important risk factors for child abuse (Chang, Theodore, Martin & Runyan, 2008).

Baer and Martinez (2006) carried out a meta-analysis regarding child abuse and they indicate that being from an ethnic minority, poverty and maternal mental illness are the most common predictors of abuse. Based on their research, Afifi, Boman, Fleisher and Sareen (2009) found that parental divorce is more common among the abused group than non-abused group.

The results of the research which was conducted by Gratz and Chapman (2007) indicate that deliberate self-harm and emotional dysregulations are quite common among the abuse survivors. Lang, Gartstein, Rodges and Lebeck (2010) investigated the impact of maternal child abuse on parenting. They found out that especially maternal physical abuse correlates with poor mother-child interaction and increased vigilance.

On the other hand, we can find correlational relation between parent's alcohol abuse and child abuse but this relation was not strong enough to be a predictor of abuse. Also other variables such as having a separate room, having a history of suicide attempt or self-destructive behavior and the quality of parental relation was found correlate with child abuse but there were not predictors of abuse. Madu (2003) indicates that there are individual, familial, social and cultural components of child abuse.

While some of these components can act as risk factors other components that we could not measure can play protective role which may reduce the effect of certain socio-demographic variables on child abuse. Kelleher, Chaffin, Hollenberg and Fischer (1994) state that diagnosed as antisocial personality disorder to have low social support mechanism increase the abusive behaviours of parents. Maybe the opposite also can be true. So being not diagnosed as antisocial and to have a good social support can decrease the effect of alcohol abuse on child abuse.

Elliott and Urquiza (2006) investigate the role of ethnicity on child abuse. They found out that identifying cultural values about child abuse mediate the relation between ethnicity and abuse. Similarly, according to our results while being from an ethnic minority was not a predictor of child abuse perceived cultural approval of violence predicts abuse.

4.2. The Relation between Child Abuse, Attachment Patterns and Psychopathology

The second hypothesis of this study was that child abuse will predict the insecure attachment patterns. This hypothesis was confirmed partially. The results of this present study indicate that although there is a correlation between all sub-types of child abuse and insecure attachment patterns, only physical abuse act as a predictor factor.

Although Finzi, Cohen, Sapir and Weizman (2000) suggest that physical abuse is associated with dismissing attachment style, McLewin and Muller (2006) found out that the physical abuse scores correlated with high levels of insecure attachment styles. Similarly, Muller, Graptmans and Baker (2008) suggested that the survivors of physical abuse tend to develop negative view of self and other. Consequently, these negative perceptions are associated with insecure type of attachment.

On the other hand, it is interesting that we could not found any predictor value of emotional and sexual abuse on attachment patterns. When we look at the Appendix F we see that the mean score of sexual abuse is lower than the other kind of abuse. This factor may be effective in terms of statistic. Also, the survivors of child abuse could have developed secure attachment relations and this can have compensation effect. Still, this finding needs replication.

The third hypothesis was that it is expected that child abuse will predict the psychopathology. This hypothesis also was confirmed partially. When we look at the correlation analysis we see that emotional, physical and sexual abuse correlate positively with somatization, obsessive-compulsive disorder, interpersonal vulnerability, depression, anxiety disorder, hostility, phobic anxiety, paranoid thinking, psychoticism.

Yamamoto, Iwata, Tomoda, Tanaka, Fujimaki and Kitamura (1999) suggest that all subtypes of child abuse increase the risk of adult depression

and anxiety disorder. In addition, Gibb, Chelminski and Zimmerman (2007) found out that the adult survivors of child abuse display the tendency to develop OCD and PTSD. Similarly, literature suggests an association between child abuse and adult somatization disorder (Spitzer, Barnows, Gau, Freyberger & Grabe, 2008). There are studies which suggest that the long-term experiences of child abuse increase the risk of developing psychoticism, paranoid personality disorder and interpersonal vulnerability (Natsuaki, Cicchetti & Rogosch, 2009).

On the other hand, when we look at the regression analysis we see that while physical abuse has an explanatory effect on somatization, obsessive-compulsive disorder, hostility, paranoid thinking and psychosis, total abuse scores play an explanatory role on phobic anxiety, depression and interpersonal vulnerability. Although the literature displays associations between all type of child abuse including physical abuse and psychopathology, the predictor role of physical abuse may be originated from the fact that the mean score of physical abuse sub-test was higher than the other kind of abuse (See Appendix F). Still the predictor role of other abuse sub-types needs to investigate.

When we look at the relation between attachment patterns and psychopathology, we see that while insecure attachment patterns correlate positively with psychiatric disorders, secure attachment correlates negatively. In addition, the regression analysis suggests that insecure attachment patterns are significant predictors of psychiatric disorders like

somatization, obsessive-compulsive disorder, anxiety disorder and depression. This result confirms our hypothesis that insecure attachment patterns will predict psychopathology.

Similar with our findings, Wearden, Lamberton, Crook and Walsh (2005) state that the preoccupied and fearful attachment styles are strongly associated with high levels of psychiatric symptom reporting. Pielage, Gerlsma and Schaap (2000) investigated the mediating role of stress between child abuse and psychopathology. They found that the individuals who display insecure attachment styles tend to perceive the events negatively and be stressful. Therefore, insecure attachment patterns correlate with high levels of psychopathology. McLewin and Muller (2006) found out similar connection between insecure attachment styles and psychopathology. On the other hand, they claim that the negative self-perception of insecurely attached individuals play a mediating role between attachment and psychopathology.

According to the results of the study, insecure attachment patterns play a partially mediating role between physical abuse and somatization, obsessive-compulsive disorder, anxiety disorder, hostility, paranoid thinking and psychoticism. Only fearful attachment was found as non-significant in terms of the development of somatization. This result confirms our hypothesis partially. On the other hand we can not find any mediaor value of physical abuse between insecure attachment and phobic anxiety, depression and interpersonal vulnerability.

McLewin and Muller (2006) investigated the mediating role of attachment security between physical abuse and psychopathology and they found out that negative self-image which is characterized by insecure attachment patterns predict high levels of psychopathology. On the other hand, based on their research Muller, Gragtmans and Baker (2008) suggest that attachment pattern is an important mediator in the relationship between physical abuse and social support. It can be said that also the perceived social support can play another mediating role between abuse and psychopathology. Limke, Showers and Zeigler-Hill (2010) make another explanation. They suggest that the maladaptive coping strategies of insecurely attached individual may act as a mediator between abuse and psychological adjustment.

Hankin (2006) compared the mediating role of insecure attachment, negative cognitive style and negative life events between abuse and psychopathology. He found that as well as the insecure attachment patterns act as an important predictor of psychopathology, the other two dimensions, namely negative cognitive style and negative life events, help the development of psychopathology. So, these different mediator variables have to be taken into account because they could explain why we found out only partial mediation.

Sümer, Ünal, Selçuk, Kaya, Polat and Çekem (2009) state that the self-report nature of attachment scales reduce their reliability because it allows defensive manipulations of participants. Also, we have to remember

protective factor from developing psychopathology. Individuals can have both insecure attachment patterns as a risk factor but at the same time they can have protective factors in terms of cognitive skills or temperamental characteristics (Crews, Bender, Cook, Gresham, Kern & Vanderwood, 2007). With the help of these uncontrolled factors we may explain why we could not find any mediation effect of attachment in terms of phobic anxiety, depression and interpersonal vulnerability.

5. Conclusion

5.1. Limitations and Recommendations

The aim of this study was to determine the socio-demographic predictors of child abuse and to evaluate the mediating role of attachment patterns between abuse and psychopathology. It can be said that generally these two goals were attained but inconsistent findings with literature need to replicate.

The literature about the demographic correlates of child abuse in Turkey seems to be limited. Since being acquainted with our cultural characteristics regarding child abuse can be considered the first step of prevention, this study can contribute to the literature and practical application. The cultural approval of violence was found the most powerful predictor of child abuse. This finding is very interesting because it supports the idea that the prevention of abuse should be multi-dimensional including the general perception of violence.

We know that child abuse experiences contribute to the development of mental illnesses. In addition, the child abuse experience seems to be trans-generational, which means some of the abuse survivors become abusive parents. It seems to be important to determine the mediating factors to interfere this vicious cycle. The partial mediator role of attachment can be very important for professionals who work with children or adolescents,

because it supports the protective value of a reliable and stable relationship in terms of mental health.

On the other hand, this study is limited with young adults who attend different universities in Istanbul. Similar studies can be conducted with different populations in different cities of Turkey in order to expand the consistency of the findings. Another limitation takes its root from self-report nature of scales. It is very important the replication of this study with more reliable and objective methods.

Finally, although the results of this present study confirmed the mediating role of attachment, additional studies that compare the mediating role of other factors like cognitive style, self-image or social support can be conducted.

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Appendices

Appendix A

Bilgilendirilmiş Onam Formu

Arařtırmamıza gsterdiğiniz ilgi nedeniyle teřekkr ederiz. ncelikle ltfen ařağıdaki aıklamayı dikkatle okuyunuz ve eęer arařtırmamıza katılmaya karar verirseniz dięer sayfalara geiniz.

Elinizdeki lekler İstanbul Bilgi niversitesi Klinik Psikoloji yksek lisans ęrencisi Neře Hatiboęlu'nun uzmanlık tezi alıřmasına yardımcı olmanız amacı ile size verilmiřtir. Bu alıřmada ocukluk dnemi istismar yařantılarının gen eriřkinlik dnemi duygusal sorunlarına etkisi incelenmektedir.

Uygulamada bir demografik form ve  lek doldurulacaktır ve formu doldurmak yaklaşık 20 dakika srmektedir. Anket formunda kimlięinizi aıęa ıkarıcı (isim, ana-baba adı v.b.) sorulara yer verilmemiřtir. Dolayısıyla anketi dolduranın kimlięi belli olmayacaktır.

Arařtırmamıza katılmayı kabul ediyorsanız, ltfen bir sonraki sayfaya geip formu doldurmaya bařlayınız. Her aıklamayı okuyarak ve soruları sırasıyla ve atlamadan cevaplayınız.

Appendix B

Demografik Form

Aşağıda size dair bazı temel bilgilere ilişkin sorular vardır. Bazı sorular seçeneklidir. Seçenekli soruları size en uygun olan seçeneğin yanındaki paranteze çarpı işareti (X) koyarak cevaplandırınız. Seçenek belirtilmeyen sorularda ise sorunun yanına cevabınızı doğrudan yazınız.

1. Yaşınız:

2. Cinsiyetiniz:

Kadın Erkek

3. Medeni durumunuz:

- Bekar
 Evli
 Birlikte yaşıyor
 Boşanmış

4. Halen yaşadığınız yer:

- Aile ile
 Yurtta
 Arkadaş ile evde
 Yalnız başına evde
 Eş ile

5. Şu anda okuduğunuz üniversite:

- İstanbul Üni.
 Yıldız Teknik Üni.
 Marmara Üni.
 Bilgi Üni.
 İstanbul Teknik Üni.
 Boğaziçi Üni.
 Mimar Sinan Üni.
 Diğer

6. Kendinizi ait hissettiğiniz sosyoekonomik seviye:

- Üst
 Orta
 Alt

7. 18 yaşından önce kendinizi ait hissettiğiniz sosyoekonomik seviye:

- Üst
 Orta
 Alt

8. Doğum sıranız:

- 1
 2
 3
 4
 5 ve üzeri

9. Kardeş sayınız:

- 0
 1
 2
 3
 4
 5 ve üzeri

10. 18 yaşından önce yaşamınızın büyük bölümünü geçirdiğiniz yer?

- Köy
 Bucak
 İlçe merkezi
 İl merkezi
 Büyük şehir

11. 18 yaşından önce yaşamınızın büyük bölümünü geçirdiğiniz ortamda etnik kimliğinizi azınlık olarak tanımlar mısınız?

- Evet
 Hayır

12. 18 yaşından önce yaşamınızın büyük bölümünü geçirdiğiniz evdeki ortalama kişi sayısı:

13. 18 yaşından önce yaşamınızın büyük bölümünde ayrı odanız var mıydı?

- Evet Hayır

14. 18 yaşından önce içinde yaşamınızın büyük bölümünü geçirdiğiniz kültürel ortamda şiddetin onaylanma derecesi:

- Çok sık Nadiren
 Sık sık Hiçbir zaman
 Zaman zaman

15. 18 yaş öncesinde anne babaya karşı olumsuz davranış ve tutumlarının ön planda olduğu bir kişi miydiniz?

- Evet Hayır

16. Herhangi bir ruhsal rahatsızlığınız olduğunu düşünüyor musunuz?

- Evet
 Hayır

18. Geçmişte tedavi gördüğünüz bir ruhsal rahatsızlığınız oldu mu?

- Evet
 Hayır

20. İntihar girişiminiz oldu mu?

- Evet
 Hayır

22. Anneniz:

- Sağ
 Ölü

24. Annenizin eğitim durumu:

- Okuryazar değil
 İlkokul
 Ortaokul
 Lise
 Üniversite
 Yüksek lisans/doktora

26. Babanızın eğitim durumu:

- Okuryazar değil
 İlkokul
 Ortaokul
 Lise
 Üniversite
 Yüksek lisans/doktora

28. Anne ve babanız:

- Bir aradalar
 Boşandılar
 Anne başkasıyla evlendi
 Baba başkasıyla evlendi
 Her ikisi de başkasıyla evlendi
 Her ikisi de ölü

30. Anne ve babanız (varsa üvey ebeveynler):

- Sık sık kavga ederler
 Ara sıra kavga ederler
 Pek kavga etmezler
 Hiç kavga etmezler

32. Anneniz (varsa üvey):

- Hiç içki içmez
 Ayda bir içki içer

17. Herhangi bir ruhsal rahatsızlık nedeniyle tedavi görüyor musunuz?

- Evet
 Hayır

19. 18 yaş öncesinde herhangi bir fiziksel sakatlığınız oldu mu?

- Evet
 Hayır

21. Kendine yönelik yıkıcı veya riskli davranışlarınız (hızlı araba kullanma, korunmasız cinsel ilişki, kendini kesme vb.) oldu mu?

- Evet
 Hayır

23. Babanız:

- Sağ
 Ölü

25. Annenizin mesleği:

- İşsiz
 İşçi
 Memur
 Küçük esnaf
 Büyük esnaf, iş adamı
 Serbest meslek

27. Babanızın mesleği:

- İşsiz
 İşçi
 Memur
 Küçük esnaf
 Büyük esnaf, iş adamı
 Serbest meslek

29. Anne ve babanız (varsa üvey ebeveynler):

- Çok iyi anlaşırlar
 Anlaşırlar
 Pek anlaşamazlar
 Hiç anlaşamazlar

31. Anne ve babanız arasındaki (varsa üvey ebeveynler) fiziksel şiddet:

- Çok yoğun
 Var
 Pek yok
 Hiç yok

33. Babanız (varsa üvey):

- Hiç içki içmez
 Ayda bir içki içer

- Haftada bir içki içer
- Birkaç günde bir içki içer.
- Her gün/gece içer

34. Sizce ailenizde geçmişte veya halen ruhsal rahatsızlığı olan biri var mı?

- Evet
- Hayır

- Haftada bir içki içer
- Birkaç günde bir içki içer.
- Her gün/gece içer

35. Anne veya babanızın çocukluklarında duygusal, fiziksel veya cinsel açıdan istismar edildiklerini düşünüyor musunuz?

- Evet
- Hayır

Appendix C

Çocukluk Çağı Örselenme Yaşantıları Ölçeği

Aşağıda 18 yaş öncesi çocukluk ve gençlik yaşantılarınızla ilgili cümleler vardır. Her cümleyi dikkatle okuyup, üst taraftaki yazılar arasından sizi en iyi tanımlayanı seçerek üzerine (X) işareti koyunuz. Her cümle için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin, yanıtlarınızı kurşun kalemle işaretleyin.

	Hiçbir Zaman	Nadir	Zaman Zaman	Sık Sık	Çok Sık
1. Ben çocukken, ailemde birileri bana vurur ya da beni döverdi.					
2. Ben çocukken, hiç kimse benimle ilgilenmediği için, kendi bakımımı kendimin daha iyi yaptığımı hissedirdim.					
3. Ben çocukken, ailemdeki kişiler birbirleriyle tartışır, kavga ederdi.					
4. Ben çocukken, ailemde benimle ilgilenen ve beni koruyan birinin olduğunu bilirdim.					
5. Ben çocukken, ailemde bana bağırıp-çağırın biri vardı.					
6. Ben çocukken, annemi yada kardeşlerimi dövülürken ya da onlara vurulurken gördüm.					
7. Ben çocukken, gereksinimim olan sevgi ve ilgiyi gördüm.					
8. Ben çocukken, ailemde kendimi önemli ya da özel hissetmemi sağlayan biri vardı.					
9. Ben çocukken, ailemde kendimi dövüşerek, ona vurarak, ya da ondan kaçarak korumak zorunda kaldığım biri vardı.					
10. Ben çocukken, ailemde, başarılı biri olmamı isteyen, bir kişinin varlığını hissedirdim.					
11. Ben çocukken, farklı zamanlarda farklı kişilerin yanında yaşadım (yakınlarımla ya da evlatlık verildiğim ailelerle).					
12. Ben çocukken, sevildiğimi hissedirdim.					
13. Ben çocukken, annem ve babam, bana					

ve kardeşlerime eşit davranmaya çalışırlardı.					
14. Ben çocukken, ailemdeki kişilerden, bir doktora ya da hastaneye gitmek zorunda kalacak denli dayak yediğim oldu.					
15. Ben çocukken, ailemde, beni başımın belaya girmesinden koruyan birileri vardı.					
16. Ben çocukken, ailemdekiler, beni bir yerlerim çürüyecek ya da iz kalacak denli döverdi.					
17. Ben çocukken, bir erişkinle ya da benden en az beş yaş büyük birisiyle cinsel ilişkim oldu.					
18. Ben çocukken, kemer, sopa, oklava ya da benzeri sert cisimlerle dövülerek cezalandırıldım.					
19. Ben çocukken, ailemizin üyeleri birbirlerini gözetirlerdi.					
20. Ben çocukken, annemle babam ayrı yaşardı ya da boşanmıştı.					
21. Ben çocukken, fiziksel olarak istismar edildiğime inanıyorum.					
22. Ben çocukken, ailemdeki kişiler beni kötü etkilerden korumaya çalıştılar.					
23. Ben çocukken, evde bana bakan ve benim sorumluluğumu üstlenen bir kişi vardı.					
24. Ben çocukken, öğretmen, komşu ya da doktor gibi kişilerin dikkatini çekecek denli kötü dayak yedim.					
25. Ben çocukken, ailemde denetimsiz davranışları olan kişiler vardı.					
26. Ben çocukken, ailemdeki kişiler beni okula devam etmem ve eğitimimi sürdürmem için yüreklendirdi.					
27. Ben çocukken, bana verilen cezalar çok katıydı.					
28. Ben çocukken, ailemdeki kişiler birbirlerine yakındılar.					
29. Ben çocukken, birisi bana cinsel amaçla dokunmayı ya da kendisine dokundurtmayı					

denedi.					
30. Ben çocukken, ailemdeki kişiler beni itip-kaktı.					
31. Ben çocukken, birisi, kendisiyle cinsel ilişkim olmazsa beni incitmekle ve hakkımda yalanlar söylemekle tehdit etti.					
32. Ben çocukken, çocukluğum mükemmeldi.					
33. Ben çocukken, ailemde incitilmekle korkutuldum.					
34. Ben çocukken, birisi benimle cinsel içerikli davranışlara girmeyi ya da bana cinsellikle ilgili şeyler izlettirmeyi denedi.					
35. Ben çocukken, ailemde bana güvenen biri vardı.					
36. Ben çocukken, duygusal olarak istismar edildiğime inanıyorum.					
37. Ben çocukken, ailemdeki kişiler ne yaptığımınla ilgilenir gibi gözükmezler ya da ne yaptığımı bilmezlerdi.					
38. Ben çocukken, dünyadaki en iyi aileye sahiptim.					
39. Ben çocukken, cinsel olarak istismar edildiğime inanıyorum.					
40. Ben çocukken, ailem güç ve destek kaynağımdı.					

Appendix D

Kısa Semptom Envanteri

Aşağıda insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtinin sizde bugün dahil, son bir haftadır ne kadar var olduğunu yandaki bölmede uygun olan yere (X) işareti koyarak belirtin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin, yanıtlarınızı kurşun kalemle işaretleyin.

	Hiç yok	Biraz var	Orta derecede var	Epey var	Çok fazla var
1. Sinirlilik ve titreme hali					
2. Baygınlık, baş dönmesi					
3. Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri					
4. Başınıza gelenlerden dolayı başkalarının suçlu olduğu fikri					
5. Olayları hatırlamada güçlük					
6. Çok kolay kızıp öfkelenme					
7. Göğüs (kalp) bölgesinde ağrılar					
8. Açık yerlerden korkma duygusu					
9. Yaşamınıza son verme düşünceleri					
10. İnsanların çoğuna güvenilmeyeceği hissi					
11. İştahta bozukluklar					
12. Hiçbir nedeni olmayan ani korkular					
13. Kontrol edemediğiniz duygu patlamaları					
14. Başka insanlarla beraberken bile yalnızlık hissetmek					
15. İşleri bitirme konusunda kendini					

engellenmiş hissetmek					
16. Yalnızlık hissetmek					
17. Hüzünlü, kederli hissetmek					
18. Hiçbir şeye ilgi duymamak					
19. Ağlamaklı hissetmek					
20. Kolayca incinebilme, kırılabilme					
21. İnsanların sizi sevmediğine, kötü davrandığına inanmak					
22. Kendini diğerlerinden aşağı görme					
23. Mide şikayetleri, bulantı					
24. Başkalarının sizi gözlediği yada hakkınızda konuştuğu duygusu					
25. Uykuya dalmada güçlük					
26. Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etmek					
27. Karar vermede güçlükler					
28. Otobüs, tren, metro gibi umumi vasıtalarla seyahatlerden korkmak					
29. Nefes darlığı, nefes alamama hissi					
30. Sıcak, soğuk basmaları					
31. Sizi korkuttuğu için bazı eşya, yer yada etkinliklerden uzak durmak					
32. Kafanızın “bomboş” kalması					
33. Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar olması					
34. Günahlarınız için cezalandırılmanız gerektiği düşüncesi					

35. Gelecek ile ilgili umutsuzluk duyguları					
36. Konsantrasyon (dikkati bir şey üzerinde toplama) güçlüğü					
37. Bedenin bazı bölgelerinde zayıflık, güçsüzlük hissi					
38. Kendini gergin ve tedirgin hissetme					
39. Ölme ve ölüm üzerine düşünceler					
40. Birini dövme, ona zarar verme, yaralama isteği					
41. Bir şeyleri kırma, dökme isteği					
42. Başkalarının yanındayken yanlış bir şey yapmamaya çalışmak					
43. Kalabalıkta rahatsızlık duymak					
44. Bir başka insana hiç yakınlık duymamak					
45. Dehşet ve panik nöbetleri					
46. Sık sık tartışmaya girmek					
47. Yalnız bırakıldığında/kaldığında sinirlilik hissetmek					
48. Başarılarınız için diğerlerinden yeterince takdir görmemek					
49. Yerinde duramayacak kadar tedirginlik hissetmek					
50. Kendini değersiz görmek/değersizlik duyguları					
51. Eğer izin verirsiniz insanların sizi sömüreceği duygusu					
52. Suçluluk duyguları					
53. Aklınızda bir bozukluk olduğu fikri					

Appendix E

İlişki Ölçekleri Anketi

Aşağıdaki maddeler romantik ilişkileriniz dahil olmak üzere yakın ilişkilerinizde (arkadaşlık, dostluk gibi) hissettiğiniz duygulara ilişkindir. Sizden genel olarak yakın ilişkilerinizde yaşadıklarınızı dikkate alarak aşağıdaki ifadeleri değerlendirmeniz istenmektedir. Aşağıdaki maddeleri yakın ilişki içinde olduğunuz kişileri düşünerek cevaplandırınız. Her bir maddenin ilişkilerinizdeki duygu ve düşüncelerinizi ne oranda yansıttığını karşısındaki 7 aralıklı ölçek üzerinde ilgili rakam üzerine çarpı (X) koyarak gösteriniz.

1-----2-----3-----4-----5-----6-----7
Hiç katılmıyorum Kararsızım/ Tamamen katılıyorum

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Başkalarına kolaylıkla güvenmem.							
2. Kendimi bağımsız hissetmem benim için çok önemli.							
3. Başkalarıyla kolaylıkla duygusal yakınlık kurarım.							
4. Başkalarıyla çok yakınlaşırsam incitileceğimden korkuyorum.							
5. Başkalarıyla yakın duygusal ilişkim olmadığı sürece oldukça rahatım.							
6. Başkalarıyla tam anlamıyla duygusal yakınlık kurmak isterim.							
7. Yalnız kalmaktan korkarım.							
8. Başkalarına rahatlıkla güvenip bağlanabilirim.							
9. Başkalarına tamamiyle güvenmekte zorlanırım.							
10. Başkalarının bana dayanıp bel bağlaması konusunda oldukça rahatımdır.							
11. Başkalarının bana benim onlara verdiğim kadar değer vermediğinden kaygılanırım.							
12. Kendi kendime yettiğimi hissetmem benim için çok önemli.							
13. Başkalarının bana bağlanmalarını							

tercih ederim.							
14. Başkalarına yakın olmak beni rahatsız eder.							
15. Başkalarının bana benim istediğim kadar yakınlaşmakta gönülsüz olduklarını düşünüyorum.							
16. Başkalarına bağlanmamayı tercih ederim.							
17. Başkaları beni kabul etmeyecek diye korkarım.							

Appendix F
Descriptive Statistics regarding to the Scores of
Questionnaires

Descriptive statistics regarding to the scores on Childhood Trauma Questionnaire

	Female				Male				Total			
	M	SD	Min.	Max.	M	SD	Min.	Max.	M	SD	Min.	Max.
Physical Abuse	23.34	5.76	17	57	24.70	6.37	17	59	23.94	6.07	17	59
Emotional Abuse	28.08	9.87	18	82	31.43	10.93	18	74	29.56	10.48	18	82
Sexual Abuse	5.39	1.17	5	15	5.52	1.35	5	15	5.45	1.25	5	15
Total Abuse Score	56.81	14.80	40	142	61.65	15.93	40	126	58.95	15.49	40	142

Descriptive statistics regarding to the scores on Brief Symptom Inventory

	Female				Male				Total			
	M	SD	Min.	Max.	M	SD	Min.	Max.	M	SD	Min.	Max.
Somatization	10.81	3.97	7	28	10.26	3.32	7	22	10.57	3.71	7	28
OCD	12.31	4.00	6	28	12.29	3.92	6	27	12.30	3.96	6	28
Interp. Vulnerability	7.50	2.93	4	20	7.35	2.66	4	17	7.43	2.82	4	20

Depression	10.98	4.09	6	28	11.17	4.05	6	28	11.07	4.07	6	28
Anxiety Disor.	10.09	3.63	6	25	9.40	3.06	6	22	9.78	3.41	6	25
Hostility	8.95	3.52	5	22	9.39	3.76	5	25	9.14	3.64	5	25
Phobic Anxiety	6.93	2.20	5	17	7.00	2.05	5	16	6.96	2.14	5	17
Paranoid thinking	9.36	3.34	5	23	9.44	3.22	5	21	9.39	3.29	5	23
Psychoticism	7.94	2.86	5	22	8.30	2.94	5	19	8.10	2.90	5	22

Descriptive statistics regarding to the scores on Relationship Scale Inventory

	Female				Male				Total			
	M	SD	Min	Max	M	SD	Min	Max	M	SD	Min	Max
Secure	4.33	0.96	2	7	4.37	0.95	1	7	4.34	1.04	1	7
Fearful	3.66	1.24	1	7	3.48	1.19	1	7	3.58	1.22	1	7
Avoidant	4.19	1.02	1	7	4.31	1.05	1	7	4.24	1.04	1	7
Preoccupied	4.08	1.01	1	7	4.06	1.00	1	7	3.58	1.22	1	7

Appendix G
Additional Descriptive Statistics of Socio-Demographic
Factors regarding the Participants in terms of Gender

		Female		Male		Total	
		n	%	n	%	n	%
Marital status	Single	533	94.3	431	96.6	964	95.6
	Married	29	5.2	15	3.4	44	4.4
Living Place	With Family	389	69.2	202	45.3	591	58.6
	In dormitory	67	11.9	100	22.4	167	16.6
	Living with a friend/partner in house	89	15.8	118	26.5	207	20.5
	Living alone in house	17	3.0	26	5.8	43	4.3
University	Istanbul Uni.	77	13.7	64	14.3	141	14.0
	Yıldız Technical Uni.	39	6.9	90	20.2	129	12.8
	Marmara Uni.	113	20.1	55	12.3	168	16.7
	Bilgi Uni.	183	32.6	32	7.2	215	21.3
	Istanbul Technical Uni.	41	7.3	74	16.6	115	11.4
	Boğaziçi Uni.	66	11.7	58	13.0	124	12.3
	Doğuş Uni.	43	7.7	73	16.4	116	11.5
Socioeconomic status	Low	11	2.0	47	10.5	58	5.8
	Middle	462	82.2	345	77.4	807	80.1
	Upper	89	15.8	54	12.1	143	14.2

Socioeconomic status before 18	Low	23	4.1	57	12.8	80	7.9
	Middle	445	79.2	336	75.3	781	77.5
	Upper	94	16.7	53	11.9	147	14.6
Birth Sequence	1	284	50.5	219	49.1	503	49.9
	2	201	35.8	128	28.7	329	32.6
	3	50	8.9	55	12.3	105	10.4
	4 and more	27	4.8	44	9.9	71	7.0
Number of siblings	2 and less	262	46.6	238	53.4	500	49.6
	3	231	41.1	181	40.6	412	40.9
	4 and more	69	12.3	27	6.1	96	9.5
Living place before 18	Village/Sub district	9	1.6	34	7.6	43	4.3
	District Center	63	11.2	81	18.2	144	14.3
	Province Center	91	16.2	111	24.9	202	20.0
	Big City	399	71.0	220	49.3	619	61.4
Belonging to a minority group in terms of ethnic identity	Yes	76	13.5	79	17.7	155	15.4
	No	486	86.5	367	82.3	853	84.6
Number of people who live in the home	3 or less than 3	113	20.1	62	13.9	175	17.4
	4	244	43.4	199	44.6	443	43.9
	5	148	26.3	94	21.1	242	24.0
	6 or more than 6	57	10.1	91	20.4	148	14.7
Having a separate room before 18	Yes	396	70.5	233	52.2	629	62.4
	No	166	29.5	213	47.8	379	37.6
The degree of	Very rarely	484	86.1	342	76.7	826	81.9

approval of violence in the cultural atmosphere before 18	Sometimes	63	11.2	76	17.0	139	13.8
	Often	15	2.7	28	6.3	43	4.3
Having negative behaviours against parents before 18	Yes	119	21.2	61	13.7	180	17.9
	No	443	78.8	385	86.3	828	82.1
Having a psychological problems in these days	Yes	79	14.1	74	16.6	153	15.2
	No	483	85.9	372	83.4	855	84.8
To be treated because of a psychological problem	Yes	22	3.9	13	2.9	35	3.5
	No	540	96.1	433	97.1	973	96.5
Having a history of previous psychological problem	Yes	68	12.1	42	9.4	110	10.9
	No	494	87.9	404	90.6	898	89.1
Having a history of previous physical problem	Yes	29	5.2	51	11.4	80	7.9
	No	533	94.8	395	88.6	928	92.1
Having a history of previous suicide attempt	Yes	34	6.0	18	4.0	52	5.2
	No	528	94.0	428	96.0	956	94.8
Having a history of previous self-destructive behaviors	Yes	84	14.9	118	26.5	202	20
	No	478	85.1	328	73.5	806	80

Your mother is...	Alive	560	99.6	439	98.4	999	99.1
	Dead	2	.4	7	1.6	9	.9
Your father is...	Alive	522	92.9	424	95.1	946	93.8
	Dead	40	7.1	22	4.9	62	6.2
Education level of your mother	Illiterate	4	.7	40	9.0	44	4.4
	Primary School	144	25.6	150	33.6	294	29.2
	High School	270	48.0	159	35.7	429	42.6
	Under graduate/graduate	144	25.6	97	21.7	241	23.9
The profession of your mother	Unemployed/House wife	345	61.4	284	63.7	629	62.4
	Laborer/Government Official	119	21.2	103	23.1	222	22.0
	Small/Big Tradesman	30	5.3	17	3.8	47	4.7
	Self Employment	68	12.1	42	9.4	110	10.9
Education level of your father	Illiterate	1	.2	4	.9	5	.5
	Primary School	74	13.2	90	20.2	164	16.3
	High School	234	41.6	177	39.7	411	40.8
	Under graduate/graduate	253	45.0	175	39.2	428	42.5
The profession	Unemployed	13	2.3	20	4.5	33	3.3

of your father	Laborer/Government Official	166	29.5	211	47.3	377	37.4
	Small/Big Tradesman	152	27.0	85	19.1	237	23.5
	Self Employment	231	41.1	130	29.1	361	35.8
Your mother and father are...	Together	503	89.5	405	90.8	908	90.1
	Separated	58	10.3	37	8.3	95	9.4
	Both dead	1	.2	4	.9	5	.5
The degree of parents' getting along with each other	They can not	100	17.8	57	12.8	157	15.6
	Good	295	52.5	254	57.0	549	54.5
	Very good	167	29.7	135	30.3	302	30.0
The frequency of fights between parents	Never	82	14.6	87	19.5	169	16.8
	Not much	200	35.6	192	43.0	392	38.9
	Sometimes	243	43.2	149	33.4	392	38.9
	Often	37	6.6	18	4.0	55	5.5
The physical violence between parents	No	493	87.7	355	79.6	848	84.1
	Yes	69	12.3	91	20.4	160	15.9
Your mother...	never drinks	410	73.0	381	85.4	791	78.5
	drinks once in a month	116	20.6	50	11.2	166	16.5
	drinks once in a week or more often	36	6.4	15	3.4	51	5.1
Your father...	never drinks	287	51.1	283	63.5	570	56.5
	drinks once in a month	152	27.0	93	20.9	245	24.3
	drinks once in a week or more often	123	21.9	70	15.7	193	19.1

Familial psychiatric history	Yes	163	29.0	106	23.8	269	26.7
	No	399	71.0	340	76.2	739	73.3
Parents' history of sexual, emotional or physical child abuse	Yes	96	17.1	57	12.8	153	15.2
	No	466	82.9	389	87.2	855	84.8
Total		562	100	446	100	1008	100

Appendix H
Analytic Statistics regarding the Relationship between Socio-Demographic Characteristics of the Sample and Child Abuse

Childhood abuse in terms of gender

	<u>Female(n=562)</u>		<u>Male(n=446)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	28.08	9.87	31.43	10.93	-5.10*
Physical Abuse	23.34	5.76	24.70	6.37	-3.54
Sexual Abuse	5.39	1.17	5.52	1.35	-1.65
Total Abuse Score	56.81	14.80	61.65	15.93	-4.98*

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of marital status

	<u>Married (n=44)</u>		<u>Single (n=964)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	30.52	12.17	29.52	10.40	-.53
Physical Abuse	24.61	7.28	23.91	6.02	-.63
Sexual Abuse	5.36	0.99	5.45	1.27	.55
Total Abuse Score	60.50	19.08	58.88	15.32	-.55

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of living place

Living Place	<u>With family (n=591)</u>		<u>In Dormitory (n=167)</u>		<u>Living with a friend/partner in house (n=207)</u>		<u>Living alone in house (n=43)</u>		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	

Emotional Abuse	29.51	10.67	29.08	9.80	30.01	10.26	30.02	11.66	0.27
Physical Abuse	23.52	5.78	24.42	7.03	24.66	5.97	24.42	6.26	2.34
Sexual Abuse	5.46	1.33	5.34	0.93	5.44	1.15	5.70	1.75	0.97
Total Abuse Score	58.49	15.40	58.84	15.99	60.12	15.03	60.14	17.06	0.65

F, ANOVA, *df*: 3, 1004, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of socioeconomic status

	<u>Low(n=58)</u>		<u>Middle (n=807)</u>		<u>Upper(n=143)</u>		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	37.62	14.61	29.36	10.17	27.47	8.64	20.94**
Physical Abuse	27.22	7.15	23.95	6.03	22.57	5.33	12.35**
Sexual Abuse	5.66	1.58	5.44	1.26	5.38	1.10	0.97*
Total Abuse Score	70.50	20.27	58.74	15.13	55.43	13.04	20.65**

F, ANOVA, *df*=2, 1005, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of socioeconomic status before the age of 18

	<u>Low(n=80)</u>		<u>Middle (n=781)</u>		<u>Upper(n=147)</u>		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	37.11	14.15	29.02	9.63	28.33	10.93	23.84**

Physical Abuse	28.14	7.93	23.64	5.44	23.29	7.19	21.77**
Sexual Abuse	5.94	1.74	5.40	1.18	5.44	1.28	6.79*
Total Abuse Score	71.19	20.40	58.05	13.94	57.05	17.36	28.86**

*F, ANOVA, df=2, 1005, * p<0.05, ** p< 0.01*

Childhood abuse in terms of birth sequence

	<u>1(n=503)</u>		<u>2(n=329)</u>		<u>3(n=105)</u>		<u>4 or more than 4 (n=71)</u>		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>
Emotional Abuse	28.72	9.62	29.84	10.83	29.28	9.77	34.73	13.86	7.07**
Physical Abuse	23.72	5.92	23.93	6.13	24.08	6.11	25.32	6.76	1.45
Sexual Abuse	5.47	1.33	5.35	1.13	5.49	1.23	5.66	1.33	1.48
Total Abuse Score	57.91	14.60	59.12	15.78	58.84	14.51	65.72	19.73	5.35*

*F, ANOVA, , df=3, 1004, * p<0.05, ** p< 0.01*

Childhood abuse in terms of number of siblings

	<u>2 or less than 2 (n=500)</u>	<u>3(n=412)</u>	<u>4 or more than 4 (n=96)</u>	

	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>
Emotional Abuse	27.55	8.78	28.57	9.82	30.77	11.15	7.02*
Physical Abuse	22.92	5.72	23.75	5.92	24.30	6.25	2.42
Sexual Abuse	5.60	1.57	5.40	1.21	5.45	1.22	1.06
Total Abuse Score	56.07	13.95	57.72	14.55	60.52	16.36	5.57

F, ANOVA, *df*=2, 1005, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of living place

	<u><i>Village/Sub district(n=43)</i></u>		<u><i>District Center(n=144)</i></u>		<u><i>Province Center(n=202)</i></u>		<u><i>Big City (n=619)</i></u>		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>
Emotional Abuse	35.77	12.92	28.60	10.61	31.00	10.72	28.89	10.00	7.69**
Physical Abuse	25.51	5.76	23.84	5.36	24.65	6.60	23.63	6.05	2.45
Sexual Abuse	5.51	1.65	5.34	0.93	5.45	1.11	5.47	1.33	0.42
Total Abuse Score	66.79	17.51	57.78	14.79	61.09	16.44	57.98	14.99	6.13**

F, ANOVA, *df*: 3, 1004, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of belonging to a minority ethnic group

Belonging to a minority group in	<u><i>Yes(n=155)</i></u>	<u><i>No(n=853)</i></u>	
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terms of ethnic identity					<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	32.43	10.10	29.04	10.47	3.72**
Physical Abuse	25.21	5.87	23.71	6.09	2.82*
Sexual Abuse	5.54	1.46	5.43	1.21	1.03*
Total Abuse Score	63.18	14.47	58.18	15.55	3.71**

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of mean number of people who live in the home before the age of 18

	<u>3 or less than</u> 3(<i>n</i> =175)		<u>4</u> (<i>n</i> =443)		<u>5</u> (<i>n</i> =242)		<u>6 or more than</u> <u>6</u> (<i>n</i> =148)		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>
Emotional Abuse	28.58	10.52	28.56	9.61	29.78	10.28	33.39	12.30	8.66**
Physical Abuse	23.39	5.86	23.52	5.93	24.05	6.02	25.68	6.57	5.33*
Sexual Abuse	5.49	1.34	5.38	1.15	5.44	1.16	5.61	1.57	1.39
Total Abuse Score	57.46	15.64	57.45	14.38	59.27	15.07	64.68	17.49	8.91**

F, ANOVA, , *df*=3, 1004, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of having a separate room before the age of 18

Having a separate room before the age of 18	<u>Yes(n=629)</u>		<u>No(n=379)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	28.62	10.02	31.13	11.03	-3.70**
Physical Abuse	23.35	5.77	24.92	6.43	-3.97**
Sexual Abuse	5.42	1.21	5.49	1.32	-0.88**
Total Abuse Score	57.39	14.85	61.54	16.19	-4.14**

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of the degree of approval of violence in the cultural atmosphere before 18

<i>n=1008</i>	Emotional Abuse	Physical Abuse	Sexual Abuse	Total Abuse
The degree of approval of violence in the cultural atmosphere before 18	0.268**	0.385**	0.141**	0.347**

Spearman Correlation analysis, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of having negative behaviours against parents before the age of 18

Having negative behaviours against parents before 18	<u>Yes(n=180)</u>		<u>No(n=828)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	33.97	12.75	28.61	9.66	6.34**
Physical Abuse	27.38	8.31	23.19	5.18	8.67**

Sexual Abuse	5.72	1.73	5.39	1.12	3.20**
Total Abuse Score	67.07	19.96	57.19	13.73	7.99**

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of having psychological problems in these days

Having a psychological problems in these days	<u>Yes(n=153)</u>		<u>No(n=855)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	35.08	12.05	28.58	9.87	7.24**
Physical Abuse	27.55	7.70	23.30	5.5	8.23**
Sexual Abuse	5.79	1.56	5.38	1.18	3.70**
Total Abuse Score	68.42	18.44	57.26	14.26	8.49**

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of to be treated because of a psychological problem

To be treated because of a psychological problem	<u>Yes(n=35)</u>		<u>No(n=973)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	32.23	12.07	29.47	10.41	1.53*
Physical Abuse	29.06	7.92	23.86	5.99	2.12**
Sexual Abuse	5.89	1.74	5.43	1.23	2.10**
Total Abuse Score	64.20	19.26	58.76	15.32	2.04**

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of having a history of previous psychological problem

Having a history of previous psychological problem	<u>Yes(n=110)</u>		<u>No(n=898)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	33.47	13.10	29.08	10.01	4.17**
Physical Abuse	26.96	7.77	23.57	5.7	5.60**
Sexual Abuse	6.05	1.95	5.37	1.12	5.36**
Total Abuse Score	66.48	19.93	58.03	14.61	5.47**

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of having a history of previous physical problem

Having a history of previous physical problem	<u>Yes(n=80)</u>		<u>No(n=928)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	30.45	10.73	29.49	10.46	0.78*
Physical Abuse	25.25	7.51	23.83	5.93	2.01**
Sexual Abuse	5.61	1.61	5.43	1.22	1.23*
Total Abuse Score	61.31	17.23	58.75	15.33	1.42*

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of having a history of previous suicide attempt

Having a history of previous suicide attempt	<u>Yes(n=52)</u>		<u>No(n=956)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	35.83	13.08	29.22	10.22	4.46**

Physical Abuse	26.88	8.61	23.78	5.87	3.60**
Sexual Abuse	5.94	2.00	5.42	1.20	2.93**
Total Abuse Score	68.65	20.39	58.42	15.01	4.68**

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of having a history of previous self-destructive behaviors

Having a history of previous self-destructive behaviors	<u>Yes(n=202)</u>		<u>No(n=806)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	33.03	12.16	28.69	9.83	5.32**
Physical Abuse	26.34	7.28	23.34	5.58	6.39**
Sexual Abuse	5.98	1.93	5.31	0.98	6.83**
Total Abuse Score	65.35	18.40	57.35	14.24	4.68**

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of the mother is alive or dead

Your mother is...	<u>Alive (n=999)</u>		<u>Dead(n=9)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	29.51	10.44	35.44	13.50	-1.69*
Physical Abuse	23.93	6.07	25.11	6.64	-0.53
Sexual Abuse	5.45	1.26	5.44	1.01	0.00
Total Abuse Score	58.89	15.44	66.00	19.81	-1.37*

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of the father is alive or dead

Your father is...	<u>Alive (n=946)</u>		<u>Dead(n=62)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	29.65	10.45	28.18	10.83	1.07*
Physical Abuse	23.89	6.00	24.79	7.17	-1.13*
Sexual Abuse	5.45	1.27	5.37	1.05	0.56
Total Abuse Score	58.99	15.38	58.34	17.21	0.29

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of education level of your mother

Education level of your mother	<u>Illiterate (n=44)</u>		<u>Primary School (n=294)</u>		<u>High School (n=429)</u>		<u>Under graduate/graduate (n=241)</u>		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	36.66	13.42	30.53	10.87	28.66	9.86	28.66	9.88	9.86**
Physical Abuse	27.00	6.72	24.95	6.71	23.10	5.52	23.64	5.75	9.58**
Sexual Abuse	5.73	1.40	5.43	1.30	5.39	1.11	5.52	1.41	1.31
Total Abuse Score	69.59	18.77	60.91	16.44	57.15	14.29	57.83	14.73	11.16**

F, ANOVA, $df=3, 1004$, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of the profession of your mother

	<u>Unemployed/Housewife (n=629)</u>	<u>Laborer/Government Official (n=222)</u>	<u>Small/Big Tradesman (n=47)</u>	<u>Self Employment</u>	

							<i>(n=110)</i>		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>
Emotional Abuse	29.75	10.78	28.12	8.32	32.36	11.95	30.20	11.67	2.74
Physical Abuse	24.05	6.07	23.34	5.27	25.06	8.04	24.03	6.60	1.33
Sexual Abuse	5.40	1.14	5.49	1.42	5.40	1.09	5.65	1.56	1.41
Total Abuse Score	59.21	15.71	56.95	12.33	62.83	18.64	59.88	18.01	2.42

F, ANOVA, *df*=3, 1004, * *p*<0.05, ** *p*< 0.01

Childhood abuse in terms of education level of your father

	<i>Illiterate (n=5)</i>		<i>Primary School(n=164)</i>		<i>High School (n=411)</i>		<i>Under graduate/graduate (n=428)</i>		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>
Emotional Abuse	40.40	19.06	30.90	11.57	29.51	10.02	28.97	10.28	3.14
Physical Abuse	31.80	12.11	24.47	6.13	24.04	6.25	23.55	5.73	3.86
Sexual Abuse	6.60	1.81	5.44	1.18	5.40	1.18	5.48	1.34	1.69
Total Abuse Score	78.80	30.08	60.81	16.74	58.95	15.07	58.00	15.02	4.09

F, ANOVA, , *df*=3, 1004, * *p*<0.05, ** *p*< 0.01

Childhood abuse in terms of the profession of your father

	<u>Unemployed/House wife (n=33)</u>		<u>Laborer/Government Official (n=377)</u>		<u>Small/Big Tradesman (n=237)</u>		<u>Self Employment (n=361)</u>		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	28.09	8.20	30.04	10.64	29.54	10.30	29.22	10.62	0.60
Physical Abuse	24.18	6.25	24.00	5.92	23.90	6.28	23.88	6.10	0.04
Sexual Abuse	5.48	1.06	5.38	1.11	5.44	1.37	5.51	1.34	0.59
Total Abuse Score	57.76	13.78	59.42	15.26	58.88	15.61	58.61	15.84	0.24

F, ANOVA, *df*=3, 1004, * *p*<0.05, ** *p*< 0.01

Childhood abuse in terms of the marital status of parents

	<u>Together (n=908)</u>		<u>Separated(n=95)</u>		<u>Both dead(n=5)</u>		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	29.17	9.99	32.80	13.73	40.00	13.09	7.75**
Physical Abuse	23.47	5.68	28.37	7.74	26.20	7.25	29.94**
Sexual Abuse	5.43	1.24	5.59	1.44	5.20	0.44	0.77*
Total Abuse Score	58.06	14.59	66.76	20.56	71.40	20.13	15.59**

F, ANOVA, *df*=2, 1005, * *p*<0.05, ** *p*< 0.01

Childhood abuse in terms of the degree of parents' getting along with each other

	<u>They can not</u> <u>(n=157)</u>		<u>Good(n=549)</u>		<u>Very</u> <u>good(n=302)</u>		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	35.85	13.09	29.79	9.67	25.89	8.61	51.53**
Physical Abuse	28.83	7.34	23.91	5.31	21.45	5.05	89.56**
Sexual Abuse	5.75	1.75	5.42	1.14	5.33	1.12	5.99*
Total Abuse Score	70.43	19.09	59.11	13.76	52.68	12.68	78.25**

F, ANOVA, *df*=2, 1005, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of the frequency of fights between parents

	<u>Never</u> <u>(n=169)</u>		<u>Not much</u> <u>(n=392)</u>		<u>Sometimes</u> <u>(n=392)</u>		<u>Often (n=55)</u>		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	27.15	9.76	28.20	8.91	30.53	10.70	39.84	14.21	25.65**
Physical Abuse	21.39	4.72	23.03	5.24	24.75	5.82	32.51	8.28	60.78**
Sexual Abuse	5.38	1.05	5.47	1.30	5.41	1.26	5.76	1.47	1.48
Total Abuse Score	53.92	13.28	56.70	13.16	60.68	15.47	78.11	20.72	43.17**

F, ANOVA, *df*=3, 1004, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of physical violence between parents

The physical violence between parents	<u>Yes (n=160)</u>		<u>No (n=848)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	36.05	12.61	28.34	9.55	-8.85**
Physical Abuse	29.26	7.87	22.94	5.09	-13.03**
Sexual Abuse	5.72	1.55	5.39	1.19	-3.00*
Total Abuse Score	71.03	18.89	56.67	13.62	-11.41**

t, Student *t* Test, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of the frequency of mother's alcohol using

	<u>never drinks (n=791)</u>		<u>drinks once in a month (n=166)</u>		<u>drinks once in a week or more often (n=51)</u>		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	29.84	10.46	28.25	10.06	29.49	11.94	1.58
Physical Abuse	23.98	6.01	23.93	6.52	23.39	5.66	0.22
Sexual Abuse	5.40	1.15	5.51	1.48	5.88	1.84	3.69
Total Abuse Score	59.23	15.33	57.69	15.62	58.76	17.52	0.68

F, ANOVA, $df=2, 1005$, * $p < 0.05$, ** $p < 0.01$

Childhood abuse in terms of the frequency of father's alcohol using

	<u>never drinks (n=570)</u>		<u>drinks once in a month (n=245)</u>		<u>drinks once in a week or more often (n=193)</u>		<i>F</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	29.68	10.09	28.19	9.30	30.96	12.65	3.86
Physical Abuse	23.78	5.67	23.38	5.98	25.12	7.14	4.94

Sexual Abuse	5.36	1.12	5.40	1.17	5.75	1.65	6.98
Total Abuse Score	58.83	14.47	56.97	14.36	61.83	19.03	5.39

F, ANOVA, *df*=2, 1005, * *p*<0.05, ** *p*< 0.01

Childhood abuse in terms of familial history of psychiatric disorder

Familial history of psychiatric disorder	<u>Yes(n=269)</u>		<u>No(n=739)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	33.45	11.84	28.15	9.56	7.29**
Physical Abuse	26.52	7.07	23.00	5.37	8.40**
Sexual Abuse	5.71	1.54	5.35	1.12	3.99**
Total Abuse Score	65.68	17.60	56.50	13.87	8.61**

t, Student *t* Test, * *p*<0.05, ***p*<0.01

Childhood abuse in terms of parents' history of sexual, emotional or physical childhood abuse

Parents' history of sexual, emotional or physical childhood abuse	<u>Yes(n=153)</u>		<u>No(n=855)</u>		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Emotional Abuse	36.72	13.59	28.28	9.26	9.57**
Physical Abuse	28.79	7.77	23.07	5.27	11.37**
Sexual Abuse	5.98	1.85	5.35	1.09	5.79**
Total Abuse Score	71.49	19.78	56.71	13.42	11.56**

t, Student *t* Test, * *p*<0.05, ***p*<0.01